

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

ADDRESS (number and street) 320 FIRST STREET SE
 Check if different than previously reported. (ACC)
WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00075820
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 02 01 2011 through 02 28 2011

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Keith A. Davis

Signature of Treasurer Electronically Filed by Keith A. Davis Date 09 09 2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

A. Form/Schedule : **F3XA**

Transaction ID :

All payments reported on Line 21b are operating and administrative payments solely benefiting and on behalf of the National Republican Congressional Committee. As such, they are not made on behalf of any specifically identified federal candidates, nor do they constitute public communications or voter drive activity containing express advocacy. Therefore, these disbursements are correctly reported on Schedule B for Line 21b, and do not require a Schedule B, Schedule E, or Schedule F for lines 23, 24 or 25. The Committee has reviewed all reimbursements to individuals for travel and subsistence and confirms that no further itemization is required under any Commission regulations for these expenditures. As a result of voided contribution refund checks not requiring itemization, the itemized contribution refund total of \$ 1,000 exceeds the amount of \$ 835 reflected on lines 28a and 28d of the Detailed Summary Page.

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		2538301.71
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	3189929.95									
(c) Total Receipts (from Line 19)	4883841.65	7891323.03								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	8073771.60	10429624.74								
7. Total Disbursements (from Line 31)	3789147.38	6145000.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	4284624.22	4284624.22								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	9500000.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Report Covering the Period: From:

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	1621481.43	2051107.43
(ii) Unitemized	1857229.69	3547658.68
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3478711.12	5598766.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1121000.00	1998500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4599711.12	7597266.11
12. Transfers From Affiliated/Other Party Committees	284130.53	285507.34
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	7549.58
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	1000.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4883841.65	7891323.03
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4883841.65	7891323.03

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	2788312.38	5043559.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2788312.38	5043559.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	3600.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	1000000.00	1000000.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	835.00	884.59
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	835.00	884.59
29. Other Disbursements.....	0.00	96956.78
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	3789147.38	6145000.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3789147.38	6145000.52

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	4599711.12	7597266.11
34. Total Contribution Refunds (from Line 28(d))	835.00	884.59
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4598876.12	7596381.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2788312.38	5043559.15
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	7549.58
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2788312.38	5036009.57

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. MICHAEL A. ABATTI	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address PO BOX 287	Transaction ID: SA11.14105324
	City State Zip Code EL CENTRO CA 92244-0287	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) MR. ROBERT J. ABBOTT	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 91-1026 HOOMALIE ST	Transaction ID: SA11.14104538
	City State Zip Code EWA BEACH HI 96706-4924	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation DEPT OF THE NAVY FED EMPLOYEE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

C.	Full Name (Last, First, Middle Initial) MS. CECILIA E. ABRAM	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 2 WINDBROOK SQUARE	Transaction ID: SA11.14074595
	City State Zip Code NORMAN OK 73072-4728	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	5210.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 8 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MS. GECILIA E. ABRAM

Mailing Address 2 WINDBROOK SQUARE

City State Zip Code
NORMAN OK 73072-4728

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 09 / 2011

Transaction ID: SA11.14077180

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. EBBY H. ACERS

Mailing Address P.O. BOX 12348

City State Zip Code
DALLAS TX 75225-0348

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

Name of Employer
SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

FOUNDER- CHAIRMAN OF THE BOARD

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 15 / 2011

Transaction ID: SA11.14097861

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DUANE W. ACKLIE

Mailing Address 4021 GULF SHORE BLVD. N. #2106

City State Zip Code
NAPLES FL 34103-2238

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

Name of Employer
CRETE CARRIER CORPORATION

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

CHAIRMAN

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 23 / 2011

Transaction ID: SA11.14113251

Amount of Each Receipt this Period

2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 9 / 534
(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)
GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City State Zip Code
SANTA ANA CA 92704-6853

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

Name of Employer SELF-EMPLOYED Occupation PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11.14083626

Amount of Each Receipt this Period 200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GARY ADAMS

Mailing Address 3420-H W. MACARTHUR BLVD

City State Zip Code
SANTA ANA CA 92704-6853

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

Name of Employer SELF-EMPLOYED Occupation PROPERTY MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11.14114709

Amount of Each Receipt this Period 50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. PETER ADAMS

Mailing Address 55 1ST ST UNIT 206

City State Zip Code
PELHAM NY 10803-1457

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14068332

Amount of Each Receipt this Period 110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 360.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 534
(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)
ANDREW ADDESSO

Mailing Address 2002 HOGBACK RD STE 9

City State Zip Code
ANN ARBOR MI 48105-9736

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

Name of Employer Occupation
GOLDMAN AUTO SALES SALES REPRESENTATIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.03678917

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MARY ADDESSO

Mailing Address 202 LUXURY LN

City State Zip Code
RENO NV 89502-5921

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

Name of Employer Occupation
VANCORE HEALTH MARKETING DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY
02 / 13 / 2011

Transaction ID: SA11.03678915

Amount of Each Receipt this Period: 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HUGO W. ADLHOCH

Mailing Address 3284 YARDLEY PL

City State Zip Code
SIMI VALLEY CA 93063-1046

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14108574

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 11 / 534
(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. TREVOR L. AHLBERG

Mailing Address 4725 WINDSOR RIDGE DRIVE

City State Zip Code
IRVING TX 75038-6316

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

Name of Employer Occupation
COTTONWOOD FINANCIAL CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14076615

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ELLEN AKIN

Mailing Address 299 LAKE RD

City State Zip Code
TARRYTOWN NY 10591-1512

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14091178

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN E. AKIN

Mailing Address 21675 RD. 36

City State Zip Code
DOLORES CO 81323-9739

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14061643

Amount of Each Receipt this Period
105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **31115.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 534

(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

A.

Full Name (Last, First, Middle Initial)

JOHN E. AKIN

Mailing Address 21675 RD. 36

City State Zip Code
DOLORES CO 81323-9739

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: SA11.14063920

Amount of Each Receipt this Period

105.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

RICHARD D. ALANIZ

Mailing Address 2500 CITYWEST BLVD. STE. 1000

City State Zip Code
HOUSTON TX 77042-3034

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 450.00

Date of Receipt

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

Transaction ID: SA11.14103081

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MILDRED ALLAIRE

Mailing Address 224 CHATHAM K

City State Zip Code
WEST PALM BEACH FL 33417-1835

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: SA11.14102719

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

505.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 13 / 534

(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

A.

Full Name (Last, First, Middle Initial)

MR. DARRYL F. ALLEN

Mailing Address P.O. BOX 1206

City

BOCA GRANDE

State

FL

Zip Code

33921-1206

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 ▼

210.00

Date of Receipt

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

Transaction ID: SA11.14084055

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SHERIDA ALLOR

Mailing Address 825 BISHOP RD

City

GROSSE POINTE PARK

State

MI

Zip Code

48230-1924

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	5		2	0	1	1

Transaction ID: SA11.14092916

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. THOMAS J. ALT

Mailing Address 278 HICKORY ST

City

SPARTA

State

MI

Zip Code

49345-1417

FEC ID number of contributing federal political committee.

C

Name of Employer
SPARTA FRUIT STORAGE INC.

Occupation
OWNER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: SA11.14072454

Amount of Each Receipt this Period

260.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

970.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. ARTHUR J. ALTHOFF

Mailing Address 10 ARCHBISHOP MAY DR

City State Zip Code
SAINT LOUIS MO 63119-5738

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

Name of Employer Occupation
SARAH COMMUNITY CLERGY

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 / 2 8 / 2 0 1 1

Transaction ID: SA11.14119080

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JEFFREY A. ALTMAN

Mailing Address 640 FIFTH AVENUE
20TH FLOOR 20TH FLOOR

City State Zip Code
NEW YORK NY 10019-6102

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

Name of Employer Occupation
OWL CREEK ASSET MANAGEMENT INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14085479

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DANIEL G. ANDERSON

Mailing Address 1 W. IRVING STREET

City State Zip Code
CHEVY CHASE MD 20815-4218

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

Name of Employer Occupation
RETIRED 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 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14097870

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

6250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 534
(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. REXFORD K. ANDERSON, JR.

Mailing Address 3811 TURTLE CREEK BLVD
STE 310

City DALLAS State TX Zip Code 75219-4486

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

Name of Employer NEUROMEDICAL INSTITUTE FOR AGE MGMT. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt 02 / 22 / 2011
Transaction ID: SA11.14101205
Amount of Each Receipt this Period 310.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HON. HUSHANG ANSARY

Mailing Address 1000 LOUISIANA
SUITE 5900

City HOUSTON State TX Zip Code 77002-5005

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

Name of Employer STEWART AND STEVENSON LLC Occupation CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14113281
Amount of Each Receipt this Period 30400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOSEPH M. ARONOW

Mailing Address 500 E 77TH. ST. APT. 1901

City NEW YORK State NY Zip Code 10162-0017

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 ▼ 1000.00

Date of Receipt 02 / 22 / 2011
Transaction ID: SA11.14100889
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31710.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 16 / 534

(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

A.	Full Name (Last, First, Middle Initial) MISS MARY E. ARTHUR		Date of Receipt MM / DD / YYYY 02 / 11 / 2011		
	Mailing Address 459 PENINSULA DR.		Transaction ID: SA11.14084090		
	City HOT SPRINGS	State AR	Zip Code 71901-8701	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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.	Full Name (Last, First, Middle Initial) MR. NORMAN H. ASBJORNSON		Date of Receipt MM / DD / YYYY 02 / 15 / 2011		
	Mailing Address 2202 S TROOST AVE		Transaction ID: SA11.14085135		
	City TULSA	State OK	Zip Code 74114-1320	Amount of Each Receipt this Period 6000.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer AAON, INC.		Occupation MANUFACTURING			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 6000.00			

C.	Full Name (Last, First, Middle Initial) DR. GORDON T. AUSTIN		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address 423 N LAKESHORE DR		Transaction ID: SA11.14113333		
	City CARROLLTON	State GA	Zip Code 30117-1815	Amount of Each Receipt this Period 5000.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 5000.00			

SUBTOTAL of Receipts This Page (optional)

11250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City State Zip Code
CARLSBAD CA 92010-8341

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14069642

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City State Zip Code
CARLSBAD CA 92010-8341

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14072781

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. DOROTHY L. BAIRD

Mailing Address 2913 VIA CARRIO

City State Zip Code
CARLSBAD CA 92010-8341

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102494

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MISS MARY H. BAIRD	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 22236 WOODLAWN AVE	Transaction ID: SA11.14070285
	City State Zip Code BROOKSVILLE FL 34601-2701	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) MISS MARY H. BAIRD	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 22236 WOODLAWN AVE	Transaction ID: SA11.14113562
	City State Zip Code BROOKSVILLE FL 34601-2701	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) BUD BAKER	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 100 N COLLIER BLVD	Transaction ID: SA11.14103653
	City State Zip Code MARCO ISLAND FL 34145-3710	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 534
(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

A.

Full Name (Last, First, Middle Initial)
GREG BAKER

Mailing Address 1704 KENSINGTON PLACE LANE

City State Zip Code
LOUISVILLE KY 40205-2742

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

Name of Employer Occupation
WALGREEN CO. PHARMACY SUPERVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14100936

Amount of Each Receipt this Period
260.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES H. BAKER

Mailing Address 1906 OWENS DR.

City State Zip Code
BLOOMINGTON IL 61701-7135

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14064014

Amount of Each Receipt this Period
240.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM BALDERSTON, III

Mailing Address 28 WHITESTONE LN

City State Zip Code
ROCHESTER NY 14618-4126

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14087412

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 750.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MR. JERALD T. BALDRIDGE	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 1925 CEDAR SPRINGS ROAD	Transaction ID: SA11.14105375
	City State Zip Code DALLAS TX 75201-1723	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer REPUBLIC ENERGY	Occupation CHAIRMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. KENNETH W. BALDRIDGE	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 1548 W. 2100 NORTH	Transaction ID: SA11.14088418
	City State Zip Code PLEASANT GROVE UT 84062-9509	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MR. FRANK BALMA	Date of Receipt MM / DD / YYYY 02 / 04 / 2011
	Mailing Address 15995 GREENWOOD RD	Transaction ID: SA11.14067258
	City State Zip Code MONTE SERENO CA 95030-3016	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

SUBTOTAL of Receipts This Page (optional)	▶	1600.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 21 / 534
(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)
MICHAEL J. BARBER

Mailing Address 1172 CAVE SPRINGS TRL

City State Zip Code
LAS CRUCES NM 88011-4004

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 05 / 2011
Transaction ID: SA11.14066134
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARY BARGER

Mailing Address 301 CHELSEA RD

City State Zip Code
MONTICELLO MN 55362-8430

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

Name of Employer Occupation
SUBURBAN MANUFACTURING IN-C. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14097309
Amount of Each Receipt this Period: 400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ALICE W. BARKHAUSEN

Mailing Address 851 PEMBRIDGE DRIVE

City State Zip Code
LAKE FOREST IL 60045-4202

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11.14089031
Amount of Each Receipt this Period: 200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 534
(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)
MS. MARGARET A. BARNES

Mailing Address 2260 BENT CREEK DR.

City State Zip Code
JACKSON MO 63755-3241

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 395.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106285

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER A. BARNES

Mailing Address 21732 CHINQUAPIN RD

City State Zip Code
SPRINGDALE AR 72764-9053

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14115666

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RUSSELL G. BARNEY

Mailing Address 7515 S. CASS AVENUE

City State Zip Code
DARIEN IL 60561

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

Name of Employer Occupation
STATE FARM AGT INDEPENDENT INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106013

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 600.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 23 / 534
(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. EDWARD A. BARR

Mailing Address 40931 MARBLE CT

City PALMDALE State CA Zip Code 93551-1202

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 ▼ 270.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11.14085073
 Amount of Each Receipt this Period: 270.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD F. BARRETT

Mailing Address 6355 BIGHORN XING

City FORT COLLINS State CO Zip Code 80526-6529

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 ▼ 210.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14097255
 Amount of Each Receipt this Period: 210.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MISS EARLINE H. BATES

Mailing Address 415 RUBY FOREST PKWY.

City SUWANEE State GA Zip Code 30024-3926

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 ▼ 455.00

Date of Receipt: 02 / 07 / 2011
Transaction ID: SA11.14069377
 Amount of Each Receipt this Period: 205.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 685.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. WALLACE B. BATISTE

Mailing Address 704 HIDDEN GLEN CV.

City State Zip Code
ROUND ROCK TX 78681-2422

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

Name of Employer Occupation
SELF-EMPLOYED MANAGER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

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

Transaction ID: SA11.14112306

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CURTIS K. BAUMAN

Mailing Address 20191 S DAKOTA HIGHWAY 37

City State Zip Code
HURON SD 57350

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

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt

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

Transaction ID: SA11.14104583

Amount of Each Receipt this Period
410.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOSHUA GUY BEDELL

Mailing Address 88 LEONARD ST #608

City State Zip Code
NEW YORK NY 10013-3495

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

Name of Employer Occupation
GOLDMAN SACHS INVESTMENT BANKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.14066127

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1460.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 25 / 534
(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. RICHARD BEDONT

Mailing Address 3300 SW 24TH ST

City State Zip Code
DES MOINES IA 50321-2617

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

Name of Employer Occupation
DIAGNOSTIC IMAGING ASSOC. PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104506

Amount of Each Receipt this Period
610.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
KATIE BEHNKE

Mailing Address 1420 WEST CANAL COURT

City State Zip Code
LITTLETON CO 80120-5655

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

Name of Employer Occupation
STARBOARD GROUP CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14115663

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ANTHONY O. BEIRNE

Mailing Address 180 AHWAHNEE ROAD

City State Zip Code
LAKE FOREST IL 60045-2009

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105616

Amount of Each Receipt this Period
240.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. ELLIOTT BELL

Mailing Address 2321 SYLVAN RD.

City State Zip Code
SPRINGFIELD IL 62704-4378

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 ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14060852

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GARY BENNETT

Mailing Address 229 E REDWOOD ST.

City State Zip Code
HANFORD CA 93230-1291

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

Name of Employer SELF-EMPLOYED
Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084543

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD G. BENNETT

Mailing Address 1694 E. HAYDEN AVENUE

City State Zip Code
HAYDEN ID 83835-9524

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084788

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **670.00**

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

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

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

FOR LINE NUMBER: PAGE 28 / 534
(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. DONALD E. BERGEN

Mailing Address 2890 W 3RD ST

City State Zip Code
CLEVELAND OH 44113-2516

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14064467

Amount of Each Receipt this Period
510.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DOUGLAS A. BERNARD

Mailing Address 19 N HOPKINS ST.

City State Zip Code
NEW IBERIA LA 70560-3667

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076376

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARIETTA BERNOT

Mailing Address 7615 WOODRIDGE CIR

City State Zip Code
ALEXANDRIA VA 22308-1060

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

Name of Employer Occupation
INTL TRADE SERVICES CORP C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14076706

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1220.00**

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

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

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

FOR LINE NUMBER: PAGE 29 / 534
(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. JAMES L. BERO

Mailing Address 4200 ANTHONY DR.

City State Zip Code
BETHLEHEM PA 18020-9318

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

Name of Employer Occupation
B.A.S.F. CORPORATION EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114822

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CLAUDETTE BETHEA

Mailing Address 21006 SIMS VALLON ROAD

City State Zip Code
COVINGTON LA 70435-6040

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110244

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DENNIS BIERL

Mailing Address 1801 N US HWY 71

City State Zip Code
CARROLL IA 51401-3341

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072175

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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

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

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

FOR LINE NUMBER: PAGE 30 / 534
(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. HRISTO BIJEV

Mailing Address 2100 TULARE ST STE 407

City State Zip Code
FRESNO CA 93721-2111

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

Name of Employer Occupation
SELF-EMPLOYED LAWYER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102725

Amount of Each Receipt this Period
750.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JUNE M. BILLS

Mailing Address 460 LIPAN WAY

City State Zip Code
BOULDER CO 80303-3639

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14095726

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CARL BIMEL, JR.

Mailing Address 3939 ERIE AVE APT 4100

City State Zip Code
CINCINNATI OH 45208-1976

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14069123

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) DR. ROBERT BINDER	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 6 DOROTHY PL	Transaction ID: SA11.14101708
	City State Zip Code BERKELEY CA 94705-1613	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation CONSULTS PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) MR. CARY D. BINNEY	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 401 S CARTER ST	Transaction ID: SA11.14104543
	City State Zip Code ULYSSES KS 67880	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) DR. NANCY BINTER	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 490 LIME KILN RD	Transaction ID: SA11.14114150
	City State Zip Code CHARLOTTE VT 05445-9143	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED SELF-EMPLOYED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	860.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MS. PEGGY K. BINZEL	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address P.O. BOX 130	Transaction ID: SA11.14066520
	City State Zip Code RIDGE MD 20680-0130	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation PODESTA GROUP PRINCIPAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.	Full Name (Last, First, Middle Initial) MR. JOHN BIRKETT	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 2453 COUNTY ROAD 1150 N	Transaction ID: SA11.14076127
	City State Zip Code HOMER IL 61849-9747	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) MR. RICHARD BITTNER	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 201 W. 2ND STREET	Transaction ID: SA11.14077319
	City State Zip Code DAVENPORT IA 52801	Amount of Each Receipt this Period 410.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 410.00	

SUBTOTAL of Receipts This Page (optional)	▶	2630.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 33 / 534
(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. FREDERICK BLACKMAN
Mailing Address 67440 FALLOURE RD.
City State Zip Code
BELMONT OH 43718-9718
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
QUALITY ENVIRONMENTAL SVCS INC. ENVIRONMENTAL CONTRACTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt: 02 / 17 / 2011
Transaction ID: SA11.14100123
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LARRY M. BLACK
Mailing Address PO BOX 4252
City State Zip Code
DIAMOND BAR CA 91765-0252
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
CENTURY 21 REAL ESTATE BROKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 / 19 / 2011
Transaction ID: SA11.14100204
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MARCUS L. BLACK
Mailing Address 4228 HOUMA BLVD.
STE. 130
City State Zip Code
METAIRIE LA 70006-3003
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
HEMATOLOGY & ONCOLOGY SPECIAL PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11.14085429
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1300.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 34 / 534
(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. WILLIAM D. BLAKE

Mailing Address PO BOX 1447

City State Zip Code
LAKE CHARLES LA 70602-1447

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

Name of Employer Occupation
LACASSANE COMPANY, INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14089707

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
REINER BOEHNIG

Mailing Address 11 SERPENTINE TRL.

City State Zip Code
LARCHMONT NY 10538-2618

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056117

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD E. BOEN

Mailing Address 1501 E EDGEWOOD RD.

City State Zip Code
SIOUX FALLS SD 57103-4532

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101210

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **960.00**

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

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

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

FOR LINE NUMBER: PAGE 35 / 534
(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. ROBERT J. BOLAND

Mailing Address P.O. BOX 612

City State Zip Code
PASCAGOULA MS 39568-0612

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

Name of Employer Occupation
PAVCO INDUSTRIES INC C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14075476

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES BOOTH

Mailing Address 286 OLD MIDDLEFORK
P.O. BOX 1387

City State Zip Code
INEZ KY 41224-8996

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

Name of Employer Occupation
BEECH FORK PROCESSING, INC PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14123600

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEVE BOSCO, SR.

Mailing Address 5975 N FEDERAL HWY STE 129

City State Zip Code
FT LAUDERDALE FL 33308-2652

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

Name of Employer Occupation
CJB REAL ESTATE MANAGEMEN- T, LP PARTNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111932

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 30510.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 36 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. GREG BOTT

Mailing Address 6611 W ELLIOTT RD

City State Zip Code
WABASH IN 46992-8888

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
305.00

Date of Receipt

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

Transaction ID: SA11.14104479

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN D. BOTTI

Mailing Address 151 21ST STREET NW

City State Zip Code
CANTON OH 44709-3907

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 ▼
600.00

Date of Receipt

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

Transaction ID: SA11.14074334

Amount of Each Receipt this Period

600.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. SHARON A. BOWLER

Mailing Address 1603 MORNING SUN AVE.

City State Zip Code
WALNUT CA 91789-3617

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

Name of Employer
DYNAMIC REALTY

Occupation

BROKER

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 5 / 2 0 1 1

Transaction ID: SA11.14085452

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 37 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. JOHN E. BOWMAN

Mailing Address 11799 FOREST GLEN LN

City State Zip Code
SHELBY TWP MI 48315-1723

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

Name of Employer Occupation
DENN-CO. CONSTRUCTION INC. CONSTRUCTION

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1205.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14112790

Amount of Each Receipt this Period
1205.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. FUMIE BOYCE

Mailing Address 4532 INTELCO LOOP SE APT. 157

City State Zip Code
LACEY WA 98503-5587

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 465.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113553

Amount of Each Receipt this Period
126.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
KEITH BOYD

Mailing Address 509 W BROADWAY BLVD.

City State Zip Code
JOHNSTON CITY IL 62951-1119

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE AGENCY OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14096137

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1581.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 38 / 534
(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. JOHN F. BRADLEY

Mailing Address 315 W OTTERMAN ST APT 1

City Greensburg State PA Zip Code 15601-2245

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

Name of Employer SELF-EMPLOYED Occupation MARKETING RESEARCHER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 09 / 2011
Transaction ID: SA11.14072209
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DARYL BRAHAM

Mailing Address 3511 WOODBURY PARK DR.

City Fargo State ND Zip Code 58103-6274

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

Name of Employer PRUDENTIAL PREMIER REAL ESTATE Occupation BROKER/OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14085484
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ANNE H. BRATCHER

Mailing Address 4942 NORMANDY LN.

City Memphis State TN Zip Code 38117-2702

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 ▼ 340.00

Date of Receipt 02 / 08 / 2011
Transaction ID: SA11.14074745
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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

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

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

FOR LINE NUMBER: PAGE 39 / 534
(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)
MRS. ANNE H. BRATCHER

Mailing Address 4942 NORMANDY LN.

City State Zip Code
MEMPHIS TN 38117-2702

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103095

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD F. BRAUN

Mailing Address 5679 ROBEYS MEADOW LANE

City State Zip Code
FAIRFAX VA 22030-5832

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065420

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD F. BRAUN

Mailing Address 5679 ROBEYS MEADOW LANE

City State Zip Code
FAIRFAX VA 22030-5832

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14099156

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

TOTAL This Period (last page this line number only) ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 534
	<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

A.	Full Name (Last, First, Middle Initial) DR. CHARLES W. BREAUX		Date of Receipt	
	Mailing Address 3505 KINGSHILL ROAD		M M / D D / Y Y Y Y Y 0 2 / 0 9 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11.14072471
	BIRMINGHAM	AL	35223-1470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		225.00	
Name of Employer RETIRED		Occupation RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

B.	Full Name (Last, First, Middle Initial) DR. CHARLES W. BREAUX		Date of Receipt	
	Mailing Address 3505 KINGSHILL ROAD		M M / D D / Y Y Y Y Y 0 2 / 2 5 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11.14115092
	BIRMINGHAM	AL	35223-1470	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		225.00	
Name of Employer RETIRED		Occupation RETIRED		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL T. BREWER		Date of Receipt	
	Mailing Address 228 W JASON ST		M M / D D / Y Y Y Y Y 0 2 / 1 5 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: SA11.14084738
	HOBBS	NM	88242-9728	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		55.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	▶	505.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 41 / 534

(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

A.

Full Name (Last, First, Middle Initial)

KATHLEEN BRIGGS

Mailing Address P.O. BOX 723

City

MOUNT VERNON

State

IN

Zip Code

47620-0723

FEC ID number of contributing federal political committee.

C

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:

Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.14099174

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. EUGENE H. BRINGOL, JR.

Mailing Address 212 WASHINGTON AVENUE
STE 300

City

BRIDGEVILLE

State

PA

Zip Code

15017-2344

FEC ID number of contributing federal political committee.

C

Name of Employer
VICTORIAN FINANCE

Receipt For:

Primary General
 Other (specify) ▼

Occupation

PRESIDENT

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: SA11.14113332

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. RICHARD A. BRINKMAN, JR.

Mailing Address 4853 S ORANGE AVE
STE A

City

ORLANDO

State

FL

Zip Code

32806-6961

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Receipt For:

Primary General
 Other (specify) ▼

Occupation

ACCOUNTANT

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: SA11.14084642

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 534
(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. RICHARD A. BRINKMAN, JR.
 Mailing Address 4853 S ORANGE AVE
STE A
 City State Zip Code
ORLANDO FL 32806-6961
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
SELF-EMPLOYED ACCOUNTANT
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 5 / 2 0 1 1
Transaction ID: SA11.14111963
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ANTHONY BROWN
 Mailing Address 5127 DENVER DR
 City State Zip Code
GALVESTON TX 77551-5942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
MC LEOD ALEXANDER ATTORNEY
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 1 / 2 0 1 1
Transaction ID: SA11.14081723
 Amount of Each Receipt this Period
 210.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHARLENE BROWN
 Mailing Address 154 PLEASANT HILL CT
 City State Zip Code
WARNER ROBINS GA 31088-4379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 4 / 2 0 1 1
Transaction ID: SA11.14088090
 Amount of Each Receipt this Period
 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 510.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. RALPH E. BROWN

Mailing Address 7509 FLAGSTONE ST

City State Zip Code
FORT WORTH TX 76118-6953

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

Name of Employer Occupation
CAPELLAR INC ADMINISTRATOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

Transaction ID: SA11.14113307

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WALTER H. BROWN

Mailing Address 119 SILVER MOSS DR.

City State Zip Code
VERO BEACH FL 32963-3317

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14102707

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
THOMAS BRUDER, JR.

Mailing Address 600 REED RD.

City State Zip Code
BROOMALL PA 19008-3505

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11.14069955

Amount of Each Receipt this Period

200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

550.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 44 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MS. MARILYN BRUNER

Mailing Address 607 AVENUE DE TERESA

City State Zip Code
GRANTS PASS OR 97526-4161

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 725.00

Date of Receipt

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

Transaction ID: SA11.14101524

Amount of Each Receipt this Period

725.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. PATRICIA W. BRYAN

Mailing Address 324 WISHING WELL AVE

City State Zip Code
NEWPORT VT 05855-9630

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

Name of Employer Occupation
SELF-EMPLOYED INN KEEPER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14117481

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GEOFFREY A. BRYCE

Mailing Address 200 N LA SALLE ST
STE 2700

City State Zip Code
CHICAGO IL 60601-1099

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

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.14097291

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1975.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 45 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MS. MARY BUERGER

Mailing Address 115 STONY RIDGE CT

City State Zip Code
HILLSDALE MI 49242-1154

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11.14101510

Amount of Each Receipt this Period

125.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. STAN BULLARD

Mailing Address 209 SOUTHFIELD VILLAGE

City State Zip Code
PETERBOROUGH NH 03458-2150

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

Name of Employer Occupation
RETIRED 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 / 2 3 / 2 0 1 1

Transaction ID: SA11.14107683

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ZAN D. BUNN

Mailing Address 107 ESPLANADE COURT

City State Zip Code
CARY NC 27511-6395

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.14085458

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 46 / 534
(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. TERRY BURCAW

Mailing Address 115 TELEGRAPH RD

City State Zip Code
PERKASIE PA 18944-2644

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14077922

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROBERT BURNETT

Mailing Address 6658 LAKERIDGE DR

City State Zip Code
TEXARKANA TX 75503-1924

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

Name of Employer Occupation
SELF-EMPLOYED DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14108213

Amount of Each Receipt this Period
90.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES T. BURT

Mailing Address 8S041 CREEK DRIVE

City State Zip Code
NAPERVILLE IL 60540-9326

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

Name of Employer Occupation
SELF-EMPLOYED SALESPERSON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.39

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107456

Amount of Each Receipt this Period
100.39

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **590.39**

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

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

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

FOR LINE NUMBER: PAGE 47 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. BEN R. BUSH

Mailing Address 1401 PORTAGE ST. NW

City State Zip Code
NORTH CANTON OH 44720-2260

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11.14066199

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MATT L. BUTLER

Mailing Address 2801 S. 179TH PLAZA
APT. 2

City State Zip Code
OMAHA NE 68130-2186

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

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

Transaction ID: SA11.14113285

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CHARLES BUTT

Mailing Address 9461 OAK DR.

City State Zip Code
SPRINGDALE AR 72762-2511

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

Name of Employer Occupation
RETIRED RETIRED

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 8 / 2 0 1 1

Transaction ID: SA11.14102876

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1310.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 48 / 534
(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. WALTER BYERS

Mailing Address 25707 AIKEN SWITCH RD

City State Zip Code
EMMETT KS 66422-9719

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 ▼
2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14065341

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NICHOLAS S. CAGGIANO, SR.

Mailing Address 8 N 1ST ST

City State Zip Code
REHOBOTH BCH DE 19971-2116

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

Name of Employer NICOLA PIZZA
Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102775

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NICHOLAS S. CAGGIANO, SR.

Mailing Address 8 N 1ST ST

City State Zip Code
REHOBOTH BCH DE 19971-2116

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

Name of Employer NICOLA PIZZA
Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14114100

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 49 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. JAMES CAHILL

Mailing Address 280 WHISKEY HL. RD.

City State Zip Code
REDWOOD CITY CA 94062-2533

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11.14104453

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JUDITH CALDWELL

Mailing Address 7902 S RUN VW

City State Zip Code
SPRINGFIELD VA 22153-3859

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

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11.14063886

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JUDITH CALDWELL

Mailing Address 7902 S RUN VW

City State Zip Code
SPRINGFIELD VA 22153-3859

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

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: SA11.14106303

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

460.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 50 / 534
(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. LARRY A. CALUFETTI

Mailing Address 24 MINNETONKA RD.

City State Zip Code
FORT LAUDERDALE FL 33308-2909

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 ▼
225.00

Date of Receipt

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

Transaction ID: SA11.14084745

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER B. CANNELL

Mailing Address 16 POMEROY LN

City State Zip Code
LOCUST VALLEY NY 11560-1039

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 ▼
400.00

Date of Receipt

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

Transaction ID: SA11.14116921

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. CHARLA G. CANNON

Mailing Address 2400 CHERRY CREEK SOUTH DRIVE
UNIT 106

City State Zip Code
DENVER CO 80209-3252

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

Name of Employer HOMEMAKER
Occupation HOMEMAKER

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	/	0	8	/	2	0	1	1

Transaction ID: SA11.14073871

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1125.00**

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

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

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

FOR LINE NUMBER: PAGE 51 / 534
(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. PETER L. CANNON

Mailing Address 8119 BARLOW RD

City State Zip Code
WESTERVILLE OH 43081-8502

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

Name of Employer Occupation
COMPUTERS UNIVERSAL, INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066358

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FRANCIS CARAVELLI

Mailing Address 713 CRISFIELD WAY

City State Zip Code
ANNAPOLIS MD 21401-4576

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

Name of Employer Occupation
MAURICE ELGE SUPPLY EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14077231

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FRANCIS CARAVELLI

Mailing Address 713 CRISFIELD WAY

City State Zip Code
ANNAPOLIS MD 21401-4576

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

Name of Employer Occupation
MAURICE ELGE SUPPLY EXECUTIVE VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14098028

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1300.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 534
(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. STUART E. CARKEET

Mailing Address 2454 LACOSTA DR.

City State Zip Code
MEMPHIS TN 38134-5589

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 ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	1	1

Transaction ID: SA11.14086828

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. MARK D. CARLSON

Mailing Address 6157 BLACKSTONE ROAD

City State Zip Code
LINCOLN NE 68526-9539

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 ▼
1000.00

Date of Receipt

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

Transaction ID: SA11.14113247

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HAL CARNES

Mailing Address 999 S MAIN ST

City State Zip Code
YREKA CA 96097

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 ▼
205.00

Date of Receipt

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

Transaction ID: SA11.14095394

Amount of Each Receipt this Period
205.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1430.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 534
(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

A. Full Name (Last, First, Middle Initial)
MARINA G. CARNEY

Mailing Address 160 COQUILLE WAY

City State Zip Code
VERO BEACH FL 32963-3467

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14101741

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DEE CARR

Mailing Address P.O. BOX 216

City State Zip Code
SNYDER TX 79550-0216

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14074481

Amount of Each Receipt this Period
160.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NANCY M. CARRUTH

Mailing Address P.O. BOX 267

City State Zip Code
BUNKIE LA 71322-0267

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

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14066929

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **910.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 54 / 534
(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. STEVEN W. CARTER

Mailing Address 2124 N. 25TH STREET

City State Zip Code
WACO TX 76708-3317

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 ▼
310.00

Date of Receipt

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

Transaction ID: SA11.14072141

Amount of Each Receipt this Period
310.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RUSSELL S. CARTWRIGHT

Mailing Address 4630 32ND ROAD N.

City State Zip Code
ARLINGTON VA 22207-4456

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

Name of Employer SELF-EMPLOYED
Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: SA11.14072497

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CALVIN R. CARVER

Mailing Address 105 STEWART RD

City State Zip Code
SHORT HILLS NJ 07078-1923

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 ▼
300.00

Date of Receipt

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

Transaction ID: SA11.14061607

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1610.00**

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

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

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

FOR LINE NUMBER: PAGE 55 / 534
(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)
JAMES B. CARVEY
Mailing Address 148 ABELL HANGER CIR.
City MIDLAND State TX Zip Code 79707-6111
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 ▼ 800.00
Date of Receipt 02 / 14 / 2011
Transaction ID: SA11.14087492
Amount of Each Receipt this Period 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JAMES B. CARVEY
Mailing Address 148 ABELL HANGER CIR.
City MIDLAND State TX Zip Code 79707-6111
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 ▼ 800.00
Date of Receipt 02 / 18 / 2011
Transaction ID: SA11.14102759
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAMES B. CARVEY
Mailing Address 148 ABELL HANGER CIR.
City MIDLAND State TX Zip Code 79707-6111
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 ▼ 800.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14107089
Amount of Each Receipt this Period 200.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 56 / 534
(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. W CASE

Mailing Address 1650 N RIVER RD

City State Zip Code
SAGINAW MI 48609-4232

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

Name of Employer Occupation
SELF-EMPLOYED HUMAN DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100823

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TONY CASH

Mailing Address 4000 S BELL AVE

City State Zip Code
CHICAGO IL 60609-2208

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

Name of Employer Occupation
R & B POWDER COATING PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14104957

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JEREMY CASSELS-SMITH

Mailing Address 4440 MOUNT ZION RD

City State Zip Code
UPPERCO MD 21155-9333

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 415.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111923

Amount of Each Receipt this Period
415.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **925.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 534
	<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

A.	Full Name (Last, First, Middle Initial) KIM G. CAUTHEN	Date of Receipt MM / DD / YYYY 02 / 02 / 2011
	Mailing Address 1325 R ST NW UNIT A	Transaction ID: SA11.14063932
	City WASHINGTON State DC Zip Code 20009-7329	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) MRS. JUDITH CAVALLO	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 2322 CANYONBACK RD	Transaction ID: SA11.14097275
	City LOS ANGELES State CA Zip Code 90049-6811	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HOMEMAKER		Occupation HOMEMAKER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

C.	Full Name (Last, First, Middle Initial) DR. JOSEPH C. CECERE	Date of Receipt MM / DD / YYYY 02 / 21 / 2011
	Mailing Address 912 S ELM ST	Transaction ID: SA11.14100373
	City WEATHERFORD State TX Zip Code 76086-5602	Amount of Each Receipt this Period 3000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation SURGEON
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3000.00

SUBTOTAL of Receipts This Page (optional)	3510.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 58 / 534
(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. DENNIS CHANCE

Mailing Address 508 S HIGH SCHOOL AVE

City State Zip Code
COLUMBIA MS 39429-3000

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

Name of Employer Occupation
TAYLOR PHARMACY OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104546

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEVEN E. CHANCELLOR

Mailing Address P.O. BOX 5669

City State Zip Code
EVANSVILLE IN 47716-5669

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

Name of Employer Occupation
AMERICAN PATRIOT GROUP FOUNDER AND OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14085459

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES C. CHANDLER

Mailing Address 4860 CRYSTAL LAKE CT NE

City State Zip Code
KENNESAW GA 30144-1584

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

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104830

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 30830.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 534
(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

A.

Full Name (Last, First, Middle Initial)
JEANNE O. CHAPMAN

Mailing Address 3801 VILLAGE VIEW DR. APT. 161

City Gainesville State GA Zip Code 30506-4339

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 ▼ 210.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14109508
 Amount of Each Receipt this Period: 105.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. GRACE W. CHAVIS

Mailing Address 9201 W BROWARD BLVD C-305
APARTMENT C220

City PLANTATION State FL Zip Code 33324

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 ▼ 75.00

Date of Receipt: 02 / 02 / 2011
Transaction ID: SA11.14149075
 Amount of Each Receipt this Period: -1000.00
CONTRIBUTION
CHECK RETURNED BY BANK

C.

Full Name (Last, First, Middle Initial)
DR. ROBERT W. CHEN

Mailing Address 1506 DELGADO AVE

City CORAL GABLES State FL Zip Code 33146-2415

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

Name of Employer UNIVERSITY OF MIAMI Occupation PROFESSOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14068571
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **-395.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 60 / 534
(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. GARY CHESHIRE

Mailing Address 4009 SEGO LILLY ROAD

City State Zip Code
DIANA TX 75640-3403

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14098667

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DALTON M. CHESTER

Mailing Address 2402 CINCO WOODS

City State Zip Code
SAN ANTONIO TX 78259-3531

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

Name of Employer Occupation
TEXAS TRUCK CTR INSURANCE AGENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065415

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY CHOUEST

Mailing Address P.O. BOX 310

City State Zip Code
GALLIANO LA 70354-0310

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

Name of Employer Occupation
SELF-EMPLOYED SHIP OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113257

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **30875.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 61 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. J. CHRISTENSEN

Mailing Address 2067 PHEASANT CIR

City State Zip Code
SALT LAKE CITY UT 84121-1341

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

Name of Employer Occupation
SECURITY MANAGEMENT EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101107

Amount of Each Receipt this Period
410.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT A. CHRISTOPHER

Mailing Address 27891 N 100TH WAY

City State Zip Code
SCOTTSDALE AZ 85262-8929

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14066526

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ROBERT C. CIARDULLO

Mailing Address 135 OSBORN RD

City State Zip Code
HARRISON NY 10528-1017

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

Name of Employer Occupation
SELF-EMPLOYED DOCTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114026

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1710.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 62 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH R. CIPRIANO

Mailing Address 3326 E OCEAN VIEW AVE

City NORFOLK State VA Zip Code 23518-1422

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

Name of Employer SELF-EMPLOYED Occupation CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 10 / 2011

Transaction ID: SA11.14076228

Amount of Each Receipt this Period 210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BARBARA W. CLARK

Mailing Address 301 LOCK LN S

City RICHMOND State VA Zip Code 23226-1713

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 ▼ 350.00

Date of Receipt 02 / 01 / 2011

Transaction ID: SA11.14062158

Amount of Each Receipt this Period 350.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWIN CLARKE, JR.

Mailing Address 629 ACADEMY AVE

City SEWICKLEY State PA Zip Code 15143-1171

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 ▼ 250.00

Date of Receipt 02 / 07 / 2011

Transaction ID: SA11.14070029

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 810.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 534
(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)
THOMAS J. CLARK

Mailing Address 4510 PINE MOUNTAIN RD.

City State Zip Code
BIRMINGHAM AL 35213-1828

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

Name of Employer Occupation
KBR ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107350

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARY S. CLECKLEY

Mailing Address 463 SUMMIT RIDGE DR

City State Zip Code
LAWRENCEVILLE GA 30046-6043

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14062157

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. MARY S. CLECKLEY

Mailing Address 463 SUMMIT RIDGE DR

City State Zip Code
LAWRENCEVILLE GA 30046-6043

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14063969

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MRS. MARY S. CLECKLEY	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 463 SUMMIT RIDGE DR	Transaction ID: SA11.14070214
	City State Zip Code LAWRENCEVILLE GA 30046-6043	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

B.	Full Name (Last, First, Middle Initial) MRS. MARY S. CLECKLEY	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 463 SUMMIT RIDGE DR	Transaction ID: SA11.14078397
	City State Zip Code LAWRENCEVILLE GA 30046-6043	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.	Full Name (Last, First, Middle Initial) MRS. MARY S. CLECKLEY	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 463 SUMMIT RIDGE DR	Transaction ID: SA11.14082746
	City State Zip Code LAWRENCEVILLE GA 30046-6043	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 65 / 534
(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)
MRS. MARY S. CLECKLEY
 Mailing Address 463 SUMMIT RIDGE DR
 City State Zip Code
 LAWRENCEVILLE GA 30046-6043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 7 / 2 0 1 1
Transaction ID: SA11.14098044
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. MARY S. CLECKLEY
 Mailing Address 463 SUMMIT RIDGE DR
 City State Zip Code
 LAWRENCEVILLE GA 30046-6043
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 700.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 8 / 2 0 1 1
Transaction ID: SA11.14117784
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. SHARON L. COHEN
 Mailing Address 1001 G ST NW
 STE 900E
 City State Zip Code
 WASHINGTON DC 20001-4550
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PODESTA MATTOON GOVERNMENT RELATIONS
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00
 Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 0 1 / 2 0 1 1
Transaction ID: SA11.14066518
 Amount of Each Receipt this Period
 2000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2200.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 66 / 534
(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. MAX COLE

Mailing Address 9435 E CENTRAL AVE
BLDG 200

City WICHITA State KS Zip Code 67206-2552

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 ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14104454

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ALFRED L. COLLEY

Mailing Address 9019 PINE RD

City PHILADELPHIA State PA Zip Code 19115-4415

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 ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14073357

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST

City CORONA State NY Zip Code 11368-3935

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 ▼
650.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14065342

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **360.00**

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

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

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

FOR LINE NUMBER: PAGE 67 / 534
(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)
MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST

City State Zip Code
CORONA NY 11368-3935

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 ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14067672

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST

City State Zip Code
CORONA NY 11368-3935

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 ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102748

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ANITA COLLELUORI

Mailing Address 5719 PENROD ST

City State Zip Code
CORONA NY 11368-3935

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 ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106273

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 68 / 534
(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

A.

Full Name (Last, First, Middle Initial)
JOHN L. COMEAU

Mailing Address 121 WOODSIE AVE

City State Zip Code
RIDGEWOOD NJ 07450-5016

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation
INSURANCE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14082438

Amount of Each Receipt this Period
105.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT J. CONGEL

Mailing Address 4 CLINTON SQUARE

City State Zip Code
SYRACUSE NY 13202-1078

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation
OWNER & CEO

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14097863

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BRUCE CONKLIN

Mailing Address 800 32ND AVE S LOT 405

City State Zip Code
ST PETERSBURG FL 33705-3786

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation
BUSINESS REPRESENTATIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 0.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14149069

Amount of Each Receipt this Period
-1000.00

CONTRIBUTION

CHARGED BACK

SUBTOTAL of Receipts This Page (optional) ► 1105.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MRS. JO D. CONKLING	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 5445 GOVERNMENT ST APT 228	Transaction ID: SA11.14105996
	City State Zip Code BATON ROUGE LA 70806-6071	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B.	Full Name (Last, First, Middle Initial) C G. CONTOS	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 24 FORTY OAKS RD	Transaction ID: SA11.14109479
	City State Zip Code WHITEHOUSE STATION NJ 08889-3122	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MRS. EDWARD W. COOCH, JR.	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address P.O. BOX 3919	Transaction ID: SA11.14071058
	City State Zip Code WILMINGTON DE 19807-0919	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SELF-EMPLOYED	Occupation SCULPTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 70 / 534

(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

A.

Full Name (Last, First, Middle Initial)
IRENE COOK

Mailing Address 755 FM 1844

City State Zip Code
LONGVIEW TX 75605-6978

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106583

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PHILIP A. COONEY

Mailing Address 1325 REGENCY COURT

City State Zip Code
SOUTHLAKE TX 76092-9514

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

Name of Employer
EXXON MOBIL CORP.

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
PUBLIC AFFAIRS

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14062378

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. GAIL F. COOPER

Mailing Address 4956 EXETER DR.

City State Zip Code
SUFFOLK VA 23434-7099

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

Name of Employer
SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Occupation
OWNER

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103041

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

900.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 71 / 534
(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)
MRS. GAIL F. COOPER

Mailing Address 4956 EXETER DR.

City State Zip Code
SUFFOLK VA 23434-7099

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

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14108193

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES C. COOPER

Mailing Address P.O. BOX 10881

City State Zip Code
CONWAY AR 72034-0015

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

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14112444

Amount of Each Receipt this Period
260.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MELANIE L. COOPER

Mailing Address 720 2ND. ST. NE

City State Zip Code
HICKORY NC 28601-3858

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 / 1 1 / 2 0 1 1

Transaction ID: SA11.14077890

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 710.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 534
(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. GEORGE COORS

Mailing Address 2971 GARDENS WAY

City State Zip Code
MEMPHIS TN 38111-2648

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 465.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14089344

Amount of Each Receipt this Period
465.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LOIS J. COPELAND

Mailing Address 47 CENTRAL AVE.

City State Zip Code
HILLSDALE NJ 07642-2118

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100375

Amount of Each Receipt this Period
750.00

CONTRIBUTION

REFUND TO BE ISSUED

C. Full Name (Last, First, Middle Initial)
MR. LUDWIG J. CORRAO

Mailing Address 2462 E LAKE RIDGE SHORES

City State Zip Code
RENO NV 89519-5732

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106306

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2215.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 534
(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. LUDWIG J. CORRAO

Mailing Address 2462 E LAKE RIDGE SHORES

City State Zip Code
RENO NV 89519-5732

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt M M / D D / Y Y Y Y
02 / 25 / 2011

Transaction ID: SA11.14113651

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOSEPHINE CORSO

Mailing Address 6916 62ND DR

City State Zip Code
MIDDLE VILLAGE NY 11379-1102

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt M M / D D / Y Y Y Y
02 / 10 / 2011

Transaction ID: SA11.14080291

Amount of Each Receipt this Period 110.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RICHARD CORTEZ

Mailing Address 1299 INVERNESS DRIVE

City State Zip Code
PASADENA CA 91103-1116

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
02 / 16 / 2011

Transaction ID: SA11.14091202

Amount of Each Receipt this Period 210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 420.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. JAMES CORTNER

Mailing Address 370 CORTNER LN

City State Zip Code
WINCHESTER TN 37398-3673

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
225.00

Date of Receipt

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

Transaction ID: SA11.14104493

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CHARLES W. COWARD

Mailing Address 135 KATHRYN PL.

City State Zip Code
BRANDON MS 39042-9777

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 ▼
220.00

Date of Receipt

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

Transaction ID: SA11.14084472

Amount of Each Receipt this Period

60.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. CHARLES W. COWARD

Mailing Address 135 KATHRYN PL.

City State Zip Code
BRANDON MS 39042-9777

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 ▼
220.00

Date of Receipt

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

Transaction ID: SA11.14093859

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

335.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 75 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. CHARLES W. COWARD

Mailing Address 135 KATHRYN PL.

City State Zip Code
BRANDON MS 39042-9777

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103645

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT C. COWN

Mailing Address 2756 INDIAN SPRINGS RD

City State Zip Code
MARIANNA FL 32446-6889

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083755

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT C. COWN

Mailing Address 2756 INDIAN SPRINGS RD

City State Zip Code
MARIANNA FL 32446-6889

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14086960

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 350.00

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

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

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

FOR LINE NUMBER: PAGE 76 / 534
(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)
ROBERT C. COWN

Mailing Address 2756 INDIAN SPRINGS RD

City State Zip Code
MARIANNA FL 32446-6889

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14118281

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TOMMY C. CRAIGHEAD

Mailing Address P.O. BOX 576

City State Zip Code
ARDMORE OK 73402-0576

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

Name of Employer Occupation
SELF-EMPLOYED OIL & GAS PRODUCER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102761

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THEODORE F. CRAVER

Mailing Address 6 INDIAN HILL LANE

City State Zip Code
HILTON HEAD ISLAND SC 29926-1259

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083749

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 700.00

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

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

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

FOR LINE NUMBER: PAGE 77 / 534
(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. JOHN H. CRAWFORD

Mailing Address 20128 CHATEAU DRIVE

City State Zip Code
SARATOGA CA 95070-4310

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

Name of Employer Occupation
INTEL CORP. COMPUTER ARCHITECT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 6 / 2 0 1 1

Transaction ID: SA11.14112577

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RAY CRAWFORD

Mailing Address 11803 E 975 N

City State Zip Code
ODON IN 47562-5383

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14094827

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. CRIMMINS

Mailing Address 39 POLLY DR.

City State Zip Code
HUNTINGTON NY 11743-6812

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14086908

Amount of Each Receipt this Period
135.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 610.00

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

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

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

FOR LINE NUMBER: PAGE 78 / 534
(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. ALBERTO CRUZ

Mailing Address 245 MUDDY BRANCH RD.

City State Zip Code
GAITHERSBURG MD 20878-3003

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

Name of Employer Occupation
JCD INC. INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 395.00

Date of Receipt

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

Transaction ID: SA11.14111939

Amount of Each Receipt this Period
185.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. KRISTI S. CULBERT

Mailing Address 4105 CARDINAL LN

City State Zip Code
MIDLAND TX 79707-1933

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

Name of Employer Occupation
SELF-EMPLOYED ACTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: SA11.14105401

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JEFFREY A. CULLEN

Mailing Address 1260 NORTH DEARBORN STREET
APT. 505

City State Zip Code
CHICAGO IL 60610-2255

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

Name of Employer Occupation
INTERVENTIONAL PAIN MGMT. PHYSICIAN/MEDICAL DIRECTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: SA11.14123609

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1435.00**

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

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

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

FOR LINE NUMBER: PAGE 79 / 534
(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. GEORGE M. CUNYUS

Mailing Address P.O. BOX 185

City State Zip Code
KILGORE TX 75663-0185

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 740.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14115158

Amount of Each Receipt this Period
740.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DARROW CURRIE

Mailing Address 462 COYOTE

City State Zip Code
CATHEDRAL CITY CA 92234-1005

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100756

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. PAULINE R. CUSACK

Mailing Address PO BOX 25

City State Zip Code
WILLOW CITY TX 78675-7025

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085002

Amount of Each Receipt this Period
400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1390.00**

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

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

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

FOR LINE NUMBER: PAGE 80 / 534
(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. THOMAS A. D'AURIA

Mailing Address 174 RUTLEDGE AVE

City State Zip Code
HAWTHORNE NY 10532-1502

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

Name of Employer INFORMATION METHODS INCORPORATED Occupation CHAIRMAN & C.E.O.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14082933

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS A. D'AURIA

Mailing Address 174 RUTLEDGE AVE

City State Zip Code
HAWTHORNE NY 10532-1502

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

Name of Employer INFORMATION METHODS INCORPORATED Occupation CHAIRMAN & C.E.O.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104854

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JEAN R. DABBS

Mailing Address 5911 SOUTHERN HILLS DR

City State Zip Code
HOUSTON TX 77069-1361

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101028

Amount of Each Receipt this Period
110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1360.00

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

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

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

FOR LINE NUMBER: PAGE 81 / 534
(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)
MRS. JEAN R. DABBS

Mailing Address 5911 SOUTHERN HILLS DR

City State Zip Code
HOUSTON TX 77069-1361

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14114597

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ALICE DAHLGREN

Mailing Address 4901 WISTERIA DR

City State Zip Code
OKLAHOMA CITY OK 73142-1845

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

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14112440

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AUDREY J. DAHLGREN

Mailing Address 1345 VIA CORONEL

City State Zip Code
PALOS VERDES ESTAT CA 90274-1937

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

Name of Employer Occupation
AIRTECH INTERNATIONAL OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11.14098352

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1350.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 / 534

(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

A.	Full Name (Last, First, Middle Initial) MR. ROBERT E. DALLMEYER, JR.		Date of Receipt MM / DD / YYYY 02 / 23 / 2011		
	Mailing Address 909 MISSOURI BLVD		Transaction ID: SA11.14109366		
	City JEFFERSON CITY	State MO	Zip Code 65109	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 300.00			

B.	Full Name (Last, First, Middle Initial) MR. CHRISTOPHER T. DALY		Date of Receipt MM / DD / YYYY 02 / 24 / 2011		
	Mailing Address 15 EDWARD COURT		Transaction ID: SA11.14123608		
	City BASKING RIDGE	State NJ	Zip Code 07920-1966	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer VIASOURCE FUNDING GROUP, LLC		Occupation ACCOUNTANT			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) MR. GEORGE G. DANIELS		Date of Receipt MM / DD / YYYY 02 / 01 / 2011		
	Mailing Address 526 THORPE ROAD		Transaction ID: SA11.14056871		
	City ORLANDO	State FL	Zip Code 32824-8133	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer SELF-EMPLOYED		Occupation EXECUTIVE			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 3500.00			

SUBTOTAL of Receipts This Page (optional) ▶

2100.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 83 / 534
(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. GEORGE G. DANIELS

Mailing Address 526 THORPE ROAD

City State Zip Code
ORLANDO FL 32824-8133

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

Name of Employer SELF-EMPLOYED Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14081636

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WES DANIELS

Mailing Address 951 HELEN RUTH DR

City State Zip Code
COVINGTON KY 41017-9677

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

Name of Employer SELF-EMPLOYED Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097279

Amount of Each Receipt this Period
260.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEONIDAS DANSBY

Mailing Address 3383 N COUNTY RD. 21

City State Zip Code
OZARK AL 36360-3098

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107088

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2960.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. WILLIAM V. DARLING	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 2034 E NORTHERN ST	Transaction ID: SA11.14063556
	City State Zip Code WICHITA KS 67216-2431	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation TRIO MACHINE INC. OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. TERENCE DARTEZ	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 1714 FOREST BEND AVE	Transaction ID: SA11.14075224
	City State Zip Code FRIENDSWOOD TX 77546	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) MS. DEE DEE DAVIES	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 3049 N. WISCONSIN STREET	Transaction ID: SA11.14085480
	City State Zip Code RACINE WI 53402-4072	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2400.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 534
(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)
FRANCES DAVIS

Mailing Address 4700 WILTON PL

City State Zip Code
ALEXANDRIA LA 71303-3771

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107106

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK E. DAVIS

Mailing Address 28 BRAZOS RIVER CIR

City State Zip Code
BROWNSVILLE TX 78520-9560

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083077

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JACK E. DAVIS

Mailing Address 28 BRAZOS RIVER CIR

City State Zip Code
BROWNSVILLE TX 78520-9560

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14119047

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 335.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. JOHN C. DAVIS

Mailing Address 700 JOHN RINGLING BLVD.
T-912

City State Zip Code
SARASOTA FL 34236-1542

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14074365

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MONTY L. DAVIS

Mailing Address 19827 CYPRESS CHURCH RD

City State Zip Code
CYPRESS TX 77433-1479

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

Name of Employer Occupation
CORE LABORATORIES L.P. EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11.14112451

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT DAVIS

Mailing Address 905 STAFFORD AVE

City State Zip Code
STATEN ISLAND NY 10309-2211

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS 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 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102393

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 87 / 534
(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. STEVE DAVIS

Mailing Address 16055 S APACHE ST

City State Zip Code
OLATHE KS 66062-9133

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

Name of Employer Occupation
SMTCO.BIZ OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100293

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES DAY

Mailing Address 1709 WAYNE AVE

City State Zip Code
DAYTON OH 45410-1711

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14069782

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KELLY DAY

Mailing Address 729 BEL AIR ROAD

City State Zip Code
LOS ANGELES CA 90077-3005

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105390

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31700.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 534
(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. ROBERT A. DAY

Mailing Address 729 BEL AIR ROAD

City State Zip Code
LOS ANGELES CA 90077-3005

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

Name of Employer Occupation
TRUST COMPANY OF THE WEST CHAIRMAN & C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105389

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN DEAN

Mailing Address 303 N. BROAD ST.

City State Zip Code
LELAND MS 38756-2744

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

Name of Employer Occupation
SELF-EMPLOYED OWNER/PRINCIPAL BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085482

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WALTER T. DEC

Mailing Address 8 MARIGOLD LN

City State Zip Code
CALIFON NJ 07830-3337

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14063829

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 534

(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

A.

Full Name (Last, First, Middle Initial)
ALLAN DECHERT

Mailing Address 56 W. 16TH STREET

City State Zip Code
AVALON NJ 08202-2339

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

Name of Employer Occupation
FERGUSON-DECHERT REAL EST-ATE REAL ESTATE BROKER

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 / 0 4 / 2 0 1 1

Transaction ID: SA11.14064724

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RONALD J. DEFELICE

Mailing Address 56 BOULDER VW

City State Zip Code
IRVINE CA 92603-0410

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

Name of Employer Occupation
JACKSON, DEMARCOETAL ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00

Date of Receipt

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

Transaction ID: SA11.14106710

Amount of Each Receipt this Period

510.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BETTY DEGIROLAMO

Mailing Address 12100 DENVER DR

City State Zip Code
CLEVELAND OH 44130-1805

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

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

Transaction ID: SA11.14084623

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 90 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. FRANK DEHAAN

Mailing Address **21754 O TOOLE DR**

City **HAGERSTOWN** State **MD** Zip Code **21742-9751**

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 ▼ **220.00**

Date of Receipt **02 / 23 / 2011**

Transaction ID: SA11.14110363

Amount of Each Receipt this Period **220.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. ROGER R. DELGADO, JR.

Mailing Address **10320 CHERRY RIDGE RD**

City **SEBASTOPOL** State **CA** Zip Code **95472-9643**

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

Name of Employer **SELF-EMPLOYED** Occupation **SURGEON**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **02 / 01 / 2011**

Transaction ID: SA11.14056051

Amount of Each Receipt this Period **210.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN D. DENTON

Mailing Address **5305 MASONIC TERRACE**

City **RICHMOND** State **VA** Zip Code **23223-5555**

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 ▼ **300.00**

Date of Receipt **02 / 18 / 2011**

Transaction ID: SA11.14102717

Amount of Each Receipt this Period **200.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **630.00**

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

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

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

FOR LINE NUMBER: PAGE 91 / 534
(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. DONALD DEROSSI

Mailing Address P.O. BOX 1324

City State Zip Code
VINELAND NJ 08362-1324

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

Name of Employer Occupation
SELF-EMPLOYED PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14123622

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM H. DESCHER

Mailing Address 5709 BELLE FONTAINE DR.

City State Zip Code
OCEAN SPRINGS MS 39564-9084

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

Name of Employer Occupation
TEN D ENTERPRISES INC OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117453

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD DESZYCK

Mailing Address PO BOX 31

City State Zip Code
BETHANIA NC 27010-0031

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

Name of Employer Occupation
SELF-EMPLOYED INSURANCE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084662

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5470.00**

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

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

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

FOR LINE NUMBER: PAGE 92 / 534
(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. CARL J. DEUTSCH

Mailing Address 12328 FEDERAL DR

City State Zip Code
SAINT LOUIS MO 63131-3834

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102752

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. PAT DEVAS

Mailing Address P.O. BOX 638

City State Zip Code
CLIFTON IL 60927-0638

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14068909

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FAUSTO DIAZ

Mailing Address 9330 NW 110TH AVE

City State Zip Code
MEDLEY FL 33178-2519

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

Name of Employer Occupation
ALL AMERICAN CONTAINERS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100297

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1050.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 93 / 534
(check only one)

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. EVERARD D. DIEDRICK

Mailing Address 19864 TATTNALL WAY

City State Zip Code
BROOKSVILLE FL 34601-6476

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 ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14066878

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GORDON DIEDRICH

Mailing Address 1608 E LINCOLN AVENUE

City State Zip Code
LITTLE CHUTE WI 54140-2421

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14096826

Amount of Each Receipt this Period
105.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN S. DIEU

Mailing Address 185 COTTONWOOD LN.

City State Zip Code
WICKENBURG AZ 85390-3306

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14074855

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **630.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 94 / 534
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. J ANTHONY DILL

Mailing Address 7818 TANAGER CT

City State Zip Code
SAINT LOUIS MO 63119-5015

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

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14074560

Amount of Each Receipt this Period
700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MARK DILLARD

Mailing Address 5 HENRY

City State Zip Code
IRVINE CA 92620-3257

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

Name of Employer Occupation
STEINY AND COMPANY, INC. SENIOR PROJECT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14084938

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City State Zip Code
CAPE CORAL FL 33904-8919

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14086761

Amount of Each Receipt this Period
35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 960.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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(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)
ANNE R. DINNEGAN

Mailing Address 4011 PALM TREE BLVD. APT. 303

City State Zip Code
CAPE CORAL FL 33904-8919

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14086965

Amount of Each Receipt this Period
35.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. OTTO DIVOSTA

Mailing Address 11818 TURTLE BEACH RD

City State Zip Code
NORTH PALM BEACH FL 33408-3351

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

Name of Employer Occupation
SELF-EMPLOYED BUILDER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068125

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS MARY ANN DIXON

Mailing Address 5225 EGYPT PIKE

City State Zip Code
CHILLICOTHE OH 45601-8652

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

Name of Employer Occupation
SELF-EMPLOYED BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101189

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1245.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 534
(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)
MS. JOYCE B. DOHENY

Mailing Address 4383 ROYAL PL

City State Zip Code
HONOLULU HI 96816-4855

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103055

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS I. DOLAN

Mailing Address 1700 BRONSON WAY APT 229

City State Zip Code
KALAMAZOO MI 49009-1085

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14077845

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. THOMAS I. DOLAN

Mailing Address 1700 BRONSON WAY APT 229

City State Zip Code
KALAMAZOO MI 49009-1085

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14116909

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 97 / 534
(check only one)
 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. ROBERT C. DOLLEY

Mailing Address P.O. BOX 444

City State Zip Code
TUSTIN CA 92781-0444

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

Name of Employer Occupation
SEASIDE RANCHO PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107098

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN K. DONOHUE

Mailing Address PO BOX 770599

City State Zip Code
OCALA FL 34477-0599

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

Name of Employer Occupation
DONARRA THOROUGHbred EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113252

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LEE DOSS

Mailing Address PO BOX 191

City State Zip Code
GRAND RONDE OR 97347-0191

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056175

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1430.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 98 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MS. PRISCILLA DOUGLAS

Mailing Address 301 CLUSTER ST

City State Zip Code
FOLEY AL 36535-2341

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14103474

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. GARY D. DOUPNIK

Mailing Address P.O. BOX 527

City State Zip Code
LOOMIS CA 95650-0527

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

Name of Employer Occupation
RETIRED RETIRED

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 8 / 2 0 1 1

Transaction ID: SA11.14103602

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT DOW

Mailing Address 2719 MAIN STREET

City State Zip Code
LAWRENCEVILLE NJ 08648-1014

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

Name of Employer Occupation
LORD ABBETT & COMPANY EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt

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

Transaction ID: SA11.14076616

Amount of Each Receipt this Period

30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

30800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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(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

A.	Full Name (Last, First, Middle Initial) MR. ALAN W. DREEBEN		Date of Receipt
	Mailing Address 6511 TRI COUNTY PARKWAY		<input type="text" value="02"/> / <input type="text" value="24"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	SCHERTZ	TX	78154-3219
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer REPUBLIC NAT. DISTRIBUTING CO.		Occupation PARTNER/DIRECTOR	Transaction ID: SA11.14123606
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="10000.00"/>	<input type="text" value="10000.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) MRS. JOAN A. DREUX		Date of Receipt
	Mailing Address 1207 ARTNAUMAN CT.		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	MC LEAN	VA	22102-2317
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.14060911
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="210.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MR. JACK DUBRUL		Date of Receipt
	Mailing Address P.O. BOX 220		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	SHELBURNE	VT	05482-0220
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.14089634
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="210.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="10420.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. CRAIG J. DUCHOSSOIS	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 845 LARCH AVENUE	Transaction ID: SA11.14104845
	City State Zip Code ELMHURST IL 60126-1114	Amount of Each Receipt this Period 5400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED C.E.O.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5400.00	

B.	Full Name (Last, First, Middle Initial) MRS. EVELYN G. DUHON	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 5593 CHOUPIQUE RD.	Transaction ID: SA11.14063603
	City State Zip Code SULPHUR LA 70665-8519	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) J DUNCAN	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address P.O. BOX 523	Transaction ID: SA11.14087525
	City State Zip Code LOXLEY AL 36551-0523	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	5750.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) J DUNCAN	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address P.O. BOX 523	Transaction ID: SA11.14118380
	City State Zip Code LOXLEY AL 36551-0523	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

B.	Full Name (Last, First, Middle Initial) MR. NORMAN E. DUNCAN	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 400 TUAM STREET # 22	Transaction ID: SA11.14118089
	City State Zip Code HOUSTON TX 77006-3455	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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

C.	Full Name (Last, First, Middle Initial) MRS. KAREN DUNHAM	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 348 W LAQUINTA CIR	Transaction ID: SA11.14077447
	City State Zip Code SIOUX FALLS SD 57108-2409	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer THE DUNHAM COMPANY RESIDENTIAL REAL ES Occupation REAL ESTATE BROKER/OWNER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 220.00

SUBTOTAL of Receipts This Page (optional)	▶	460.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 102 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MRS. KAREN DUNHAM

Mailing Address 348 W LAQUINTA CIR

City State Zip Code
SIOUX FALLS SD 57108-2409

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

Name of Employer
THE DUNHAM COMPANY RESIDENTIAL REAL ES

Occupation
REAL ESTATE BROKER/OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11.14118675

Amount of Each Receipt this Period

110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL DUNNE

Mailing Address 66 WILDERNESS DR.

City State Zip Code
SUTTON MA 01590-1864

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

Name of Employer
ACER EXHIBITS LLC

Occupation
OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11.14112648

Amount of Each Receipt this Period

210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LISA DURGIN

Mailing Address 1701 BAYSHORE DR.

City State Zip Code
COCOA BEACH FL 32931-2313

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

Name of Employer
EDWARDS REALTY, INC.

Occupation
REALTOR-BROKER/OWNER

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 1

Transaction ID: SA11.14097880

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

820.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 103 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. FRANK DURKALSKI

Mailing Address 8124 MULBERRY RD

City State Zip Code
CHESTERLAND OH 44026-1430

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
268.00

Date of Receipt

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

Transaction ID: SA11.14078413

Amount of Each Receipt this Period

60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. PAUL R. DWYER

Mailing Address 2490 BLUFF MEADOWS DR SE

City State Zip Code
GRAND RAPIDS MI 49546-7906

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 ▼
250.00

Date of Receipt

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

Transaction ID: SA11.14056666

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GEORGE P. EDGELL

Mailing Address 6275 CHAUCER VIEW CIR

City State Zip Code
ALEXANDRIA VA 22304-3546

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

Name of Employer
US PATENT & TRADEMARK OFF-
ICE

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

ATTORNEY

Aggregate Year-to-Date ▼
220.00

Date of Receipt

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

Transaction ID: SA11.14073602

Amount of Each Receipt this Period

110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ►

420.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 104 / 534
(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

A. Full Name (Last, First, Middle Initial)
ROBERTA J. EDLER

Mailing Address P.O. BOX 21

City State Zip Code
CEDARVILLE IL 61013-0021

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103098

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERTA J. EDLER

Mailing Address P.O. BOX 21

City State Zip Code
CEDARVILLE IL 61013-0021

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117316

Amount of Each Receipt this Period
60.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. MARK T. EDNEY

Mailing Address 519 N. PINEHURST AVENUE

City State Zip Code
SALISBURY MD 21801-6111

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

Name of Employer Occupation
PENNISULA UROLOGY ASSOCIATION PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104855

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2210.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 105 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. THOMAS EDWARDS

Mailing Address 1082 PATTERSON MILL DR

City MARTIN State SC Zip Code 29836-2520

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

Name of Employer EEOC Occupation ADMINISTRATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11.14117584
 Amount of Each Receipt this Period: 200.00
 CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. EUGENE F. ELLINGWOOD, JR.

Mailing Address 10304 MAGNOLIA LN

City LARGO State FL Zip Code 33773-4280

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 ▼ 220.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14072811
 Amount of Each Receipt this Period: 110.00
 CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PATRICK J. ELLINGSWORTH

Mailing Address 6300 GREEN RANCH CIR.

City RENO State NV Zip Code 89519-6317

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

Name of Employer NONE Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 17 / 2011
Transaction ID: SA11.14098471
 Amount of Each Receipt this Period: 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 560.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 534
(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. SETH D. ELLIS

Mailing Address 34041 PARKVIEW AVENUE

City State Zip Code
EUSTIS FL 32736-7266

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

Name of Employer Occupation
DIGITAL IMAGING INFRARED LLC C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111786

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. BARBARA H. EMERSON

Mailing Address 9105 SPINNING LEAF CV

City State Zip Code
AUSTIN TX 78735-1470

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14063553

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RAYMOND ESHAGHIAN

Mailing Address 3250 WILSHIRE BOULEVARD #1600

City State Zip Code
LOS ANGELES CA 90010-1605

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

Name of Employer Occupation
SELF-EMPLOYED BROKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14099523

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **5260.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 107 / 534
(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. RAYMOND ESHAGHIAN

Mailing Address 3250 WILSHIRE BOULEVARD
#1600

City State Zip Code
LOS ANGELES CA 90010-1605

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

Name of Employer Occupation
SELF-EMPLOYED BROKER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1050.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104856

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PATRICK ESSER

Mailing Address 2436 HIGHLAND GROVE N.E.

City State Zip Code
ATLANTA GA 30345-3895

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

Name of Employer Occupation
COX COMMUNICATIONS EXECUTIVE V.P. & C.O.O.

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113256

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HERMAN G. ETCHETO

Mailing Address 6736 78TH AVE NE

City State Zip Code
OLYMPIA WA 98516-9571

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

Name of Employer Occupation
NUTRIOM, LLC BUSINESS OWNER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14074309

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2250.00**

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

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

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

FOR LINE NUMBER: PAGE 108 / 534
(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)
GORDON ETZLER

Mailing Address 307 WASHINGTON ST. APT. A

City VALPARAISO State IN Zip Code 46383-4771

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14107095
 Amount of Each Receipt this Period: 225.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAVID FACONE

Mailing Address 1360 SIERRA DR

City VIRGINA BEACH State VA Zip Code 23453-2222

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

Name of Employer BOARDWALK PIZZA Occupation OWNER/OPERATOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11.03678913
 Amount of Each Receipt this Period: 750.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GERALD FACONE

Mailing Address 750 EVERHART RD

City CORPUS CHRISTI State TX Zip Code 78411-1906

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

Name of Employer KEATING INSURANCE COMPANY Occupation BROKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.03678919
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

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

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

FOR LINE NUMBER: PAGE 109 / 534
(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. SAMUEL J. FAIELLO

Mailing Address 7 SANDY RIDGE ROAD

City State Zip Code
STOCKTON NJ 08559-1605

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

Name of Employer Occupation
SHORE WATER PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14064143

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SAMUEL J. FAIELLO

Mailing Address 7 SANDY RIDGE ROAD

City State Zip Code
STOCKTON NJ 08559-1605

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

Name of Employer Occupation
SHORE WATER PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101502

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JIM M. FANOE, JR.

Mailing Address PO BOX 7486

City State Zip Code
SPRECKELS CA 93962-7486

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

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14081612

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **510.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 110 / 534
(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. STEVEN S. FARMAR

Mailing Address P.O. BOX 1254

City State Zip Code
MENDOCINO CA 95460-1254

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11.14110193

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD T. FARMER

Mailing Address 6847 CINTAS BLVD. SUITE 120
P.O. BOX 625737

City State Zip Code
MASON OH 45040-9101

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

Name of Employer CINTAS CORPORATION Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30400.00

Date of Receipt

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

Transaction ID: SA11.14097865

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SCOTT D. FARMER

Mailing Address 6847 CINTAS BLVD., SUITE 120

City State Zip Code
MASON OH 45040-9101

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

Name of Employer CINTAS CORPORATION Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11.14097868

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **35610.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 111 / 534
(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

A. Full Name (Last, First, Middle Initial)
MS. PAMELA S. FARRELL

Mailing Address P.O. BOX 339

City State Zip Code
CHARDON OH 44024-0339

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14088929

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD E. FARRELL

Mailing Address 855 CANYON VIEW DR

City State Zip Code
LAGUNA BEACH CA 92651-2610

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

Name of Employer Occupation
COMPASS INTERNATIONAL PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14080048

Amount of Each Receipt this Period
90.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY Z. FEHRMANN

Mailing Address 18723 PERALTA HILL LN

City State Zip Code
TOMBALL TX 77377-7296

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

Name of Employer Occupation
G&L ENTERPRISES ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2011

Transaction ID: SA11.14081194

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **840.00**

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

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

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

FOR LINE NUMBER: PAGE 112 / 534
(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)
CAROL FERRERA
Mailing Address 1800 BAY DR
City POMPANO BEACH State FL Zip Code 33062-2905
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 ▼ 260.00
Date of Receipt 02 / 11 / 2011
Transaction ID: SA11.14082030
Amount of Each Receipt this Period 200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA M. FINCH
Mailing Address P.O. BOX 180097
City CASSELBERRY State FL Zip Code 32718-0097
FEC ID number of contributing federal political committee. **C**
Name of Employer VICTORY IN JESUS WWMO, IN-C.
Occupation LICENSED MINISTER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00
Date of Receipt 02 / 16 / 2011
Transaction ID: SA11.14091093
Amount of Each Receipt this Period 450.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. LORI FINDLAY
Mailing Address 2355 SE 73RD LOOP
City OCALA State FL Zip Code 34480-6400
FEC ID number of contributing federal political committee. **C**
Name of Employer PACIFIC ARCHES CORP
Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14112449
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5650.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 113 / 534
(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

A. Full Name (Last, First, Middle Initial)
DR. PEGGIE A. FINDLAY

Mailing Address 5314 EAKES RD NW

City State Zip Code
LOS RANCHOS NM 87107-5534

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14104826

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KEITH K. FISHER

Mailing Address 2325 RIDGEWOOD DR

City State Zip Code
LAUREL MS 39440-2175

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

Name of Employer Occupation
REGIONAL MED. CTR. ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14112826

Amount of Each Receipt this Period
160.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROY E. FITE

Mailing Address 2801 WALNUT BEND LN APT 77

City State Zip Code
HOUSTON TX 77042-3445

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

Name of Employer Occupation
INTERNAL REVENUE SERVICE AUDITOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114049

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1660.00

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

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

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

FOR LINE NUMBER: PAGE 114 / 534
(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. JOHN J. FITZGERALD, JR.
Mailing Address 13265 W 63RD CIR
City ARVADA State CO Zip Code 80004-3824
FEC ID number of contributing federal political committee. **C**
Name of Employer XCEL ENERGY Occupation SR. TECH. SPEC.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 17 / 2011
Transaction ID: SA11.14095467
Amount of Each Receipt this Period 210.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA FITZPATRICK
Mailing Address 33637 STERLING PONDS BLVD
City STERLING HEIGHTS State MI Zip Code 48312-5810
FEC ID number of contributing federal political committee. **C**
Name of Employer DURA HOG INC Occupation CONTROLLER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14085091
Amount of Each Receipt this Period 400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD FITZSIMMONS
Mailing Address PO BOX 157
City MONTROSE State MN Zip Code 55363-0157
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14104487
Amount of Each Receipt this Period 210.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 820.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 115 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY W. FITZWILLIAM

Mailing Address 7297 ROYALGREEN DR.

City State Zip Code
CINCINNATI OH 45244-3650

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110536

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ROBERT E. FLETCHER

Mailing Address 146 E FRAMBER AVE

City State Zip Code
COLUMBUS OH 43201-1410

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

Name of Employer Occupation
OHIO ASSOCIATION OF REALTORS CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14079754

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
FR. THOMAS A. FLOWERS

Mailing Address 135 RANSOM LN

City State Zip Code
SMYRNA DE 19977-1617

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

Name of Employer Occupation
THE CATHOLIC DIOCESE OF WILMIN PRIEST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065117

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MR. JOHN G. FLYNN	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 7411 REVERE ST	Transaction ID: SA11.14085014
	City State Zip Code PHILADELPHIA PA 19152-4409	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MRS. BARBARA L. FODOR	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 2280 CENTURY HL	Transaction ID: SA11.14105036
	City State Zip Code LOS ANGELES CA 90067-3512	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer HOMEMAKER	Occupation HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MR. DARREN FOGEL	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 164 FOX MDW. RD.	Transaction ID: SA11.14072311
	City State Zip Code SCARSDALE NY 10583-2335	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	1420.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 117 / 534
(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. JOSEPH G. FOGG, III

Mailing Address 4295 CUTLASS LANE

City State Zip Code
NAPLES FL 34102-7960

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INVESTOR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14113278
Amount of Each Receipt this Period: 10000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. BETTY C. FOGLEMAN

Mailing Address 10 26TH ST.

City State Zip Code
BUTNER NC 27509-2556

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

Name of Employer PALLETONE OF NC, INC Occupation REGIONAL MANAGER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14103002
Amount of Each Receipt this Period: 210.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM FORBES, M.D.

Mailing Address POB 309

City State Zip Code
EVANS MILLS NY 13637-0309

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

Name of Employer HOSPICE OF JEFFERSON COUNTY Occupation MEDICAL DIRECTOR

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 27 / 2011
Transaction ID: SA11.14112633
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10460.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 118 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. CHARLES FORD

Mailing Address 38 DUXBURY RD

City State Zip Code
NEWTON CENTER MA 02459-2516

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065356

Amount of Each Receipt this Period
110.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MICHAEL D. FORD

Mailing Address 18359 PETROLEUM DR

City State Zip Code
BATON ROUGE LA 70809-6124

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

Name of Employer Occupation
FORD - GELATT & ASSOC. IN-C. INDUSTRIAL EQUIPMENT SALES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111960

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM G. FORRESTER

Mailing Address 144 W N 5800 SHAWN CIR

City State Zip Code
MENOMONEE FALLS WI 53051

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

Name of Employer Occupation
ANCHOR MOVING SYSTEMS PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101507

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **720.00**

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 119 / 534
(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)
DONALD D. FORSHT

Mailing Address 9800 SW 215TH. TER.

City State Zip Code
CUTLER BAY FL 33189-3706

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14108190

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DONALD D. FORSHT

Mailing Address 1240 NW 74TH ST

City State Zip Code
MIAMI FL 33147-6428

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

Name of Employer Occupation
SEQUIRE-ACE OF FLORIDA EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14086985

Amount of Each Receipt this Period
375.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD D. FORSHT

Mailing Address 1240 NW 74TH ST

City State Zip Code
MIAMI FL 33147-6428

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

Name of Employer Occupation
SEQUIRE-ACE OF FLORIDA EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106295

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 785.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 120 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. T R. FORSTENSON

Mailing Address 59649 OKANAGAN LN

City State Zip Code
BEND OR 97702-9649

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 ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11.14097073

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES D. FOWLER

Mailing Address 2680 ROSSMERE ST

City State Zip Code
COLORADO SPRINGS CO 80919-4871

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 ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14084578

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BEVERLY A. FOX

Mailing Address 7207 HIGHWAY 309

City State Zip Code
OZARK AR 72949-8154

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

Name of Employer NEW PROSPECT CONSUL. Occupation CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14081245

Amount of Each Receipt this Period
205.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **815.00**

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

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

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

FOR LINE NUMBER: PAGE 121 / 534
(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. WEB O. FOX

Mailing Address 381 SADDLEBACK DR

City State Zip Code
MCKINNEY TX 75069-4197

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14086370

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL J. FOXX

Mailing Address 100 NEW ENGLAND AVE

City State Zip Code
PISCATAWAY NJ 08854-4127

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

Name of Employer Occupation
STRATO INC. C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097289

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LAWRENCE A. FRAMBURG

Mailing Address 1555 N ASTOR ST. APT. 33E

City State Zip Code
CHICAGO IL 60610-5775

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106333

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 122 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MISS DEIRDRE L. FRANCIS

Mailing Address 824 MONTEITH DR

City State Zip Code
WAYNE PA 19087-1919

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

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

Transaction ID: SA11.14097230

Amount of Each Receipt this Period

205.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JANELLE FRANCIS

Mailing Address PO BOX 19889

City State Zip Code
HOUSTON TX 77224-9889

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

Name of Employer Occupation
SELF-EMPLOYED OIL PRODUCER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1010.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.14104918

Amount of Each Receipt this Period

1010.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. WILLIAM R. FRANKS

Mailing Address 423 BONANZA DRIVE

City State Zip Code
ERIE CO 80516-8449

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1025.00

Date of Receipt

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

Transaction ID: SA11.14076218

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2215.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 123 / 534
(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. ALAN FRANTZICH

Mailing Address 1404 JOHNSON RD

City State Zip Code
KELLER TX 76248-4324

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 ▼
225.00

Date of Receipt

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

Transaction ID: SA11.14071990

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALAN FRANTZICH

Mailing Address 1404 JOHNSON RD

City State Zip Code
KELLER TX 76248-4324

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 ▼
225.00

Date of Receipt

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

Transaction ID: SA11.14080393

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID R. FRAUENSHUH

Mailing Address 6401 INDIAN HILLS ROAD

City State Zip Code
EDINA MN 55439-1133

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

Name of Employer SELF-EMPLOYED
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11.14097864

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5150.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MR. CARTER FREEMAN		Date of Receipt
	Mailing Address 26810 CHIPSTONE CT		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 01 / 2011
	City	State	Zip Code
	CYPRESS	TX	77433-1676
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.14056601
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		600.00	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION	
Aggregate Year-to-Date ▼		600.00	

B.	Full Name (Last, First, Middle Initial) MR. JACK FRIEDERS		Date of Receipt
	Mailing Address 11746 COUNTY RD. 73		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 01 / 2011
	City	State	Zip Code
	QUINCY	OH	43343-9737
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.14056659
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		210.00	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		CONTRIBUTION	
Aggregate Year-to-Date ▼		210.00	

C.	Full Name (Last, First, Middle Initial) DR. JOHN C. FRIST		Date of Receipt
	Mailing Address 146 ENSWORTH AVE. STE. 318		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 04 / 2011
	City	State	Zip Code
	NASHVILLE	TN	37205
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.14067962
Name of Employer RETIRED		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		300.00	
Occupation RETIRED		CONTRIBUTION	
Aggregate Year-to-Date ▼		300.00	

SUBTOTAL of Receipts This Page (optional)	▶	1110.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 125 / 534
(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

A. Full Name (Last, First, Middle Initial)
JEANETTE FROELICH

Mailing Address 220 PAISANO DR.

City State Zip Code
VICTORIA TX 77904-3790

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103059

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CHRIS FULDNER

Mailing Address 6198 LAWRENCE 2240

City State Zip Code
HENDERSON NV 89011

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 26 / 2011

Transaction ID: SA11.14112563

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ANNIE FULMER

Mailing Address 123 REEDY FORK RD.

City State Zip Code
AIKEN SC 29805-8759

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102760

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 126 / 534
(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)
BILL FURST

Mailing Address 8377 SHADOW PINE WAY

City State Zip Code
SARASOTA FL 34238-5624

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

Name of Employer Occupation
SARASOTA COUNTA ELECTED PROPERTY APPRAISER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072499

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARIANNE L. FYDA

Mailing Address 2760 LANE RD

City State Zip Code
COLUMBUS OH 43220-2871

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14060756

Amount of Each Receipt this Period
510.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CATHERINE GABEL

Mailing Address 415 ELKINS LAKE

City State Zip Code
HUNTSVILLE TX 77340-7310

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 562.54

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065629

Amount of Each Receipt this Period
562.54

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1572.54**

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

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

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

FOR LINE NUMBER: PAGE 127 / 534
(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)
MRS. BARBARA GABY

Mailing Address 445 OLD HOMESTEAD TRAIL

City State Zip Code
JOHNS CREEK GA 30097-8027

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 30800.00

Date of Receipt

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

Transaction ID: SA11.14076617

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD GABY

Mailing Address 445 OLD HOMESTEAD TRAIL

City State Zip Code
JOHNS CREEK GA 30097-8027

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 30800.00

Date of Receipt

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

Transaction ID: SA11.14076614

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. KATHARINE D. GAHAGAN

Mailing Address 601 SMITHS BRIDGE ROAD

City State Zip Code
WILMINGTON DE 19807-1323

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

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11.14074064

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **62100.00**

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

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

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

FOR LINE NUMBER: PAGE 128 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. RUSSELL W. GALBUT

Mailing Address 2200 BISCAYNE BOULEVARD

City State Zip Code
MIAMI FL 33137-5016

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

Name of Employer Occupation
CRESCENT HEIGHTS CPA/ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 10000.00

Date of Receipt

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

Transaction ID: SA11.14113254

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JOHN N. GALLOWAY

Mailing Address 101 KENNETT RD.

City State Zip Code
OLD HICKORY TN 37138-2113

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14118156

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
GARY GARBRECHT

Mailing Address 537 EAST FAIRCHILD DRIVE

City State Zip Code
HIGHLANDS RANCH CO 80126-4753

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

Name of Employer Occupation
PRICEWATERHOUSECOOPERS LLP PARTNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14100199

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 129 / 534
(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. ALONZO E. GATES

Mailing Address 785 BURR RD

City State Zip Code
SAN ANTONIO TX 78209-6121

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

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076379

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOHN P. GEE

Mailing Address 406 SUSAN LN.

City State Zip Code
CONROE TX 77385-9076

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

Name of Employer Occupation
I.V. ASSOCIATES PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117434

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PAUL H. GEITHNER, JR.

Mailing Address 4290 HIGHLANDS BRIDGE ROAD

City State Zip Code
SARASOTA FL 34235-6862

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065244

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. SAM GENIRBERG

Mailing Address 1707 ARLINGTON BLVD

City State Zip Code
EL CERRITO CA 94530-2005

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11.14114380

Amount of Each Receipt this Period

225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS D. GEORGE

Mailing Address 5035 E LAKE COUNTRY RD.

City State Zip Code
FLAGSTAFF AZ 86004-7835

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11.14101184

Amount of Each Receipt this Period

400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ANTHEA L. GERMANO

Mailing Address 307 S 20TH ST

City State Zip Code
ALTOONA PA 16602-4542

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

Name of Employer Occupation
RETIRED 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 2 / 0 5 / 2 0 1 1

Transaction ID: SA11.14066122

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1625.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 131 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. FRANCIS R. GERMAIN

Mailing Address 8 WYNDBROOK LANE

City State Zip Code
TYNGSBORO MA 01879-2551

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 ▼
410.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14094799

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SYLVIA M. GETTY

Mailing Address 5060 NORTHLAWN CIR.

City State Zip Code
MURRYSVILLE PA 15668-9423

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

Name of Employer HOME MAKER
Occupation HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14060699

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM Y. GILES

Mailing Address 1755 CEDAR LN

City State Zip Code
VILLANOVA PA 19085-2018

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

Name of Employer PHILLIES BASEBALL
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14071089

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1420.00**

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

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

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

FOR LINE NUMBER: PAGE 132 / 534
(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)
MRS. JANE A. GILL
Mailing Address 974 S PINE ST
City MADERA State CA Zip Code 93637-5229
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 01 / 2011
Transaction ID: SA11.14061407
Amount of Each Receipt this Period 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JANE A. GILL
Mailing Address 974 S PINE ST
City MADERA State CA Zip Code 93637-5229
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14092778
Amount of Each Receipt this Period 200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. NANCY GILMORE
Mailing Address 2220 TOLEDO PLACE
City LA HABRA State CA Zip Code 90631-5082
FEC ID number of contributing federal political committee. **C**
Name of Employer PACIFIC WEST A.O.R. Occupation C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 09 / 2011
Transaction ID: SA11.14072514
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 800.00
TOTAL This Period (last page this line number only) ►

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

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

FOR LINE NUMBER: PAGE 133 / 534
(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)
MS. JANICE K. GIRODO

Mailing Address 545 E. VALLEY DRIVE

City State Zip Code
GRAND JUNCTION CO 81504-5755

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107100

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JANICE K. GIRODO

Mailing Address 545 E. VALLEY DRIVE

City State Zip Code
GRAND JUNCTION CO 81504-5755

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14109068

Amount of Each Receipt this Period 50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARLIN GLASS, JR.

Mailing Address P.O. BOX 447

City State Zip Code
NEWKIRK OK 74647-0447

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SELF-EMPLOYED PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14098697

Amount of Each Receipt this Period 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 650.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 134 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MS. MARY B. GLOTZBACH		Date of Receipt
	Mailing Address PO BOX 1243		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	NEW ALBANY	IN	47151-1243
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14111857
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="210.00"/>
		<input type="text" value="210.00"/>	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) DANIEL GOELZER		Date of Receipt
	Mailing Address 5941 SEARL TER.		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BETHESDA	MD	20816-2022
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14081816
Name of Employer PCAOB		Occupation LAWYER	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
		<input type="text" value="250.00"/>	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) FRANCIS A. GOLDBACH		Date of Receipt
	Mailing Address 42731 WAVERLY WAY		<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	LEONARDTOWN	MD	20650-5733
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14097322
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="210.00"/>
		<input type="text" value="210.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="670.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 135 / 534
(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)
MRS. SUZANNE GOTTLIEB

Mailing Address 617 N MAPLE DR.

City State Zip Code
BEVERLY HILLS CA 90210-3439

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

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083047

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RON GRAF

Mailing Address 15501 STONY CREEK WAY

City State Zip Code
NOBLESVILLE IN 46060-4386

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

Name of Employer Occupation
THE MAIDS HOME SERVICES PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14066919

Amount of Each Receipt this Period
450.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WAVERLY GRAHAM

Mailing Address 14875 E BLUFF RD

City State Zip Code
ALPHARETTA GA 30004-3160

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2011

Transaction ID: SA11.14066124

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1100.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. WAVERLY GRAHAM

Mailing Address 14875 E BLUFF RD

City State Zip Code
ALPHARETTA GA 30004-3160

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110524

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WES GRAHAM

Mailing Address 817 E. LLANO ESTACADO BLVD.

City State Zip Code
CLOVIS NM 88101-3806

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

Name of Employer Occupation
RE/MAX FIRST PLACE REALTORS REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2011

Transaction ID: SA11.14100194

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ROBERT GRANDON

Mailing Address 10308 CAMINO DEL VENADO

City State Zip Code
VALLEY CENTER CA 92082-3507

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068600

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **850.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 137 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MR. MAURICE GRANVILLE		Date of Receipt
	Mailing Address P.O. BOX 38		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	ROCKPORT	ME	04856-0038
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.14114045
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 1000.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) DR. JAY GRASSELL		Date of Receipt
	Mailing Address 861 MURRAY CT		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 3 / 2 0 1 1
	City	State	Zip Code
	YUBA CITY	CA	95991-6121
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SELF-EMPLOYED		Occupation SELF-EMPLOYED	Transaction ID: SA11.14104545
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 215.00
		<input type="text"/> 215.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) DR. MARY M. GRAVES		Date of Receipt
	Mailing Address 3746 HADLEY HILL DR		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 2 / 2 2 / 2 0 1 1
	City	State	Zip Code
	SANTA ROSA	CA	95404-7681
	FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>
Name of Employer SELF-EMPLOYED		Occupation PROFESSOR	Transaction ID: SA11.14101520
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1215.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 138 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MARIANNE E. GRAY

Mailing Address 11479 DONA EVITA DR

City State Zip Code
STUDIO CITY CA 91604-4254

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

Name of Employer Occupation
RETIRED 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 4 / 2 0 1 1

Transaction ID: SA11.14081342

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. WELDON C. GRAY

Mailing Address 105 SHADOW TREE

City State Zip Code
SAN ANTONIO TX 78233

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

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

Transaction ID: SA11.14104560

Amount of Each Receipt this Period

125.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
EILEEN GREALY

Mailing Address 142 E 27TH. ST. APT. 4D

City State Zip Code
NEW YORK NY 10016-9057

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

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

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

Transaction ID: SA11.14092623

Amount of Each Receipt this Period

750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1375.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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(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)
MISS JO ANN L. GREB

Mailing Address 8861 W WILSON BAY DR

City State Zip Code
HAYWARD WI 54843-5221

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
02 / 28 / 2011

Transaction ID: SA11.14116617

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MISS JO ANN L. GREB

Mailing Address 8861 W WILSON BAY DR

City State Zip Code
HAYWARD WI 54843-5221

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y
02 / 28 / 2011

Transaction ID: SA11.14117218

Amount of Each Receipt this Period 150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FRANK P. GREENE

Mailing Address PO BOX 1370

City State Zip Code
TIBURON CA 94920-4370

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt M M / D D / Y Y Y Y
02 / 28 / 2011

Transaction ID: SA11.14112764

Amount of Each Receipt this Period 210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 460.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 140 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MS. RUTH S. GREEN

Mailing Address 2822 SW 5TH ST

City State Zip Code
BOYNTON BEACH FL 33435-7905

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 ▼
360.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076217

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. RUTH S. GREEN

Mailing Address 2822 SW 5TH ST

City State Zip Code
BOYNTON BEACH FL 33435-7905

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 ▼
360.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084711

Amount of Each Receipt this Period
160.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. NINA J. GREGORY

Mailing Address 14615 NATALIE DR

City State Zip Code
WHITTIER CA 90604-2802

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
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101109

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **860.00**

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

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

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

FOR LINE NUMBER: PAGE 141 / 534
(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. RICHARD S. GRIFFITH

Mailing Address P.O. BOX 91610

City State Zip Code
LAFAYETTE LA 70509-1610

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

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14108149

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CARL E. GRINSTEAD

Mailing Address PO BOX 6059

City State Zip Code
SANTA MARIA CA 93456-6059

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

Name of Employer SELF-EMPLOYED Occupation NURSE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.14104931

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUSAN L. GROFF

Mailing Address 9832 CALVIN AVENUE

City State Zip Code
NORTHRIDGE CA 91324-1619

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

Name of Employer NW EXCAVATING CO. INC. Occupation CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: SA11.14072498

Amount of Each Receipt this Period
5400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6150.00**

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

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

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

FOR LINE NUMBER: PAGE 142 / 534
(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)
MRS. UNA C. GROVES

Mailing Address 15 LACOSTA DR

City State Zip Code
DELLWOOD MN 55110-1225

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 305.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103638

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DERENDA GRUBB

Mailing Address 3160 CASTLE DRIVE

City State Zip Code
SULPHUR LA 70665-8130

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

Name of Employer Occupation
IND. CONT. CENTURY 21 BES-SETTE REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 12 / 2011

Transaction ID: SA11.14081190

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JEFFREY GULCHER

Mailing Address 25663 N COUNTRYSIDE DR

City State Zip Code
BARRINGTON IL 60010-7029

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

Name of Employer Occupation
DECODE GENETICS BIO TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056096

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MS. MARY J. GULINO

Mailing Address 4200 OLD COLUMBIA PIKE

City State Zip Code
ANNANDALE VA 22003-2122

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 275.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 9 / 2 0 1 1

Transaction ID: SA11.14076734

Amount of Each Receipt this Period
80.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD G. GUMPERTZ

Mailing Address P.O. BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610-0450

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2450.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14092670

Amount of Each Receipt this Period
1050.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. GORDON GUND

Mailing Address 14 NASSAU STREET
PO BOX 449

City State Zip Code
PRINCETON NJ 08542-4533

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

Name of Employer Occupation
SELF-EMPLOYED CHAIRMAN & C.E.O.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105328

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

21130.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 144 / 534
(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. VAHAN GUREGHIAN

Mailing Address 841 MERION SQUARE ROAD

City State Zip Code
GLADWYNE PA 19035-1507

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

Name of Employer Occupation
BLANK ROME ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 20000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113284

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MAGNUS GUSTAFSSON

Mailing Address 253 PUTNAM RD

City State Zip Code
NEW CANAAN CT 06840-6812

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

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102926

Amount of Each Receipt this Period
160.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
IVAJEAN GUTHERZ

Mailing Address 200 DOMINICAN DR #2201

City State Zip Code
MADISON MS 39110

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14061394

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 20200.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 534
(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

A.

Full Name (Last, First, Middle Initial)
VAJEAN GUTHERZ

Mailing Address 200 DOMINICAN DR #2201

City State Zip Code
MADISON MS 39110

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

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

Transaction ID: SA11.14103087

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ALBERT HAAG

Mailing Address 1049 LOS JARDINES CIR

City State Zip Code
EL PASO TX 79912-1942

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14105913

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. T. MORRIS HACKNEY

Mailing Address 40 COUNTRY CLUB RD.

City State Zip Code
BIRMINGHAM AL 35213-3625

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

Name of Employer Occupation
CITATION CORPORATION BUSINESSMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

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

Transaction ID: SA11.14083167

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 146 / 534
(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. T. MORRIS HACKNEY

Mailing Address 40 COUNTRY CLUB RD.

City State Zip Code
BIRMINGHAM AL 35213-3625

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

Name of Employer Occupation
CITATION CORPORATION BUSINESSMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **02 / 18 / 2011**

Transaction ID: SA11.14103636

Amount of Each Receipt this Period **1000.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PATRICK HALLIDAY

Mailing Address 2705 HOLLY LN. N

City State Zip Code
MINNEAPOLIS MN 55447-1728

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **02 / 15 / 2011**

Transaction ID: SA11.14084801

Amount of Each Receipt this Period **210.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN O. HALLQUIST

Mailing Address P.O. BOX 712

City State Zip Code
LIVERMORE CA 94551-0712

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

Name of Employer Occupation
LSTC MECHANICAL ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **02 / 28 / 2011**

Transaction ID: SA11.14118567

Amount of Each Receipt this Period **480.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1690.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MS. HELEN H. HALPERIN	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 2612 S OAK KNOLL AVE	Transaction ID: SA11.14091092
	City State Zip Code SAN MARINO CA 91108-2433	Amount of Each Receipt this Period 410.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 410.00	

B.	Full Name (Last, First, Middle Initial) EMORY A. HAMILTON	Date of Receipt MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 303 E MANDALAY DR.	Transaction ID: SA11.1411787
	City State Zip Code SAN ANTONIO TX 78212-1743	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MR. WILTON NEWTON HAMMOND	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 3805 CRESTWOOD TER. # 410	Transaction ID: SA11.14082367
	City State Zip Code FORT WORTH TX 76107-1139	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	920.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 148 / 534
(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. WILTON NEWTON HAMMOND

Mailing Address 3805 CRESTWOOD TER.
410

City State Zip Code
FORT WORTH TX 76107-1139

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14106054

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. COLIN HANNA

Mailing Address 603 FAIRWAY DRIVE

City State Zip Code
WEST CHESTER PA 19382-2013

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

Name of Employer Occupation
LET FREEDOM RING CONSULTANT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 1 1

Transaction ID: SA11.14081203

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EUGENE HANSEN

Mailing Address 1607 YALECREST AVE

City State Zip Code
SALT LAKE CITY UT 84105-1723

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 810.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14104553

Amount of Each Receipt this Period
510.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1810.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. EUGENE HANSEN	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 1607 YALECREST AVE	Transaction ID: SA11.14149068
	City State Zip Code SALT LAKE CITY UT 84105-1723	Amount of Each Receipt this Period -710.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 810.00	

B.	Full Name (Last, First, Middle Initial) MR. W HANSEN	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 1607 YALECREST AVE	Transaction ID: SA11.14063184
	City State Zip Code SALT LAKE CITY UT 84105-1723	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) MS. DOROTHY HARKNESS	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 925 IRVING DR.	Transaction ID: SA11.14084971
	City State Zip Code BURBANK CA 91504-1836	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 310.00	

SUBTOTAL of Receipts This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. ED HARRELL	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 2600 JUNIPER DR	Transaction ID: SA11.14078944
	City State Zip Code AMARILLO TX 79109-1946	Amount of Each Receipt this Period 400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) MS. FRANCES D. HARRELL	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 2660 MAGNOLIA AVE	Transaction ID: SA11.14091087
	City State Zip Code PENSACOLA FL 32503-4945	Amount of Each Receipt this Period 710.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 710.00	

C.	Full Name (Last, First, Middle Initial) MR. FRANK S. HARRIS	Date of Receipt MM / DD / YYYY 02 / 02 / 2011
	Mailing Address 3313 RED CLIFF CIR	Transaction ID: SA11.14060739
	City State Zip Code TEMPLE TX 76502-2143	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	1320.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 / 534
	<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

A.	Full Name (Last, First, Middle Initial) H HARRISON	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 18434 SOUTH MISSION HILL SAV	Transaction ID: SA11.14078393
	City State Zip Code BATON ROUGE LA 70810-7942	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Aggregate Year-to-Date ▼ 500.00

B.	Full Name (Last, First, Middle Initial) MR. JIM HARRISON	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 4921 KING RICHARDS ROW	Transaction ID: SA11.14072136
	City State Zip Code MIDLAND TX 79707-1582	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer QUICK RETE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation SALES Aggregate Year-to-Date ▼ 210.00

C.	Full Name (Last, First, Middle Initial) MR. SCOTT HARRINGTON	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 4816 WAGUESPACK RD	Transaction ID: SA11.14074242
	City State Zip Code NEW IBERIA LA 70560-8181	Amount of Each Receipt this Period 110.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation INFORMATION REQUESTED PER BEST EFFORTS Aggregate Year-to-Date ▼ 265.00

SUBTOTAL of Receipts This Page (optional)	820.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 152 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. SCOTT HARRINGTON

Mailing Address 4816 WAGUESPACK RD

City State Zip Code
NEW IBERIA LA 70560-8181

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 ▼
265.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14077326

Amount of Each Receipt this Period
155.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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 ▼
270.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14061247

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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 ▼
270.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065349

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **235.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 153 / 534

(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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14087523

Amount of Each Receipt this Period

15.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14087599

Amount of Each Receipt this Period

40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt

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

Transaction ID: SA11.14117751

Amount of Each Receipt this Period

15.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 154 / 534
(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

A.

Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117764

Amount of Each Receipt this Period
40.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
WILLIAM DAVID HARSHBARGER

Mailing Address 10 LOEFFLER RD.

City State Zip Code
BLOOMFIELD CT 06002-2256

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117850

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. PAUL W. HARTLOFF

Mailing Address 558 VIA TRANQUILA

City State Zip Code
SANTA BARBARA CA 93110-2228

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113418

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1080.00**

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

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

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

FOR LINE NUMBER: PAGE 155 / 534
(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. WILLIS E. HARTMAN

Mailing Address 10500 E. BERKELEY PARKWAY
SUITE 100

City State Zip Code
WICHITA KS 67206

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 ▼
30400.00

Date of Receipt

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

Transaction ID: SA11.14105332

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
EDWARD HASKELL

Mailing Address 926 NE 130TH TER

City State Zip Code
SILVER SPRINGS FL 34488-3738

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 ▼
250.00

Date of Receipt

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

Transaction ID: SA11.14112513

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DAVID R. HATCH

Mailing Address 2654 E BAYSHORE DR.

City State Zip Code
DICKINSON TX 77539-2629

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

Name of Employer SEMPRA
Occupation ENGINEER

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	/	0	1	/	2	0	1	1

Transaction ID: SA11.14062138

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **30850.00**

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

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

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

FOR LINE NUMBER: PAGE 156 / 534
(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. DAVID R. HATCH

Mailing Address 2654 E BAYSHORE DR.

City State Zip Code
DICKINSON TX 77539-2629

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

Name of Employer Occupation
SEMPRA ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113417

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID R. HATCH

Mailing Address 2654 E BAYSHORE DR.

City State Zip Code
DICKINSON TX 77539-2629

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

Name of Employer Occupation
SEMPRA ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114596

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. HATCHER

Mailing Address 24 MACARTHUR BLVD

City State Zip Code
CORTLANDT MANOR NY 10567-1051

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112323

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **400.00**

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

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

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

FOR LINE NUMBER: PAGE 157 / 534
(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. LEO J. HAVILAN

Mailing Address 6 LAKE HELIX DR.

City LA MESA State CA Zip Code 91941-4434

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 ▼ 800.00

Date of Receipt 02 / 28 / 2011
Transaction ID: SA11.14119156
 Amount of Each Receipt this Period 800.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. CAROL J. HAYES

Mailing Address 1904 COUNTY RD 124

City CHESAPEAKE State OH Zip Code 45619-7847

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 ▼ 640.00

Date of Receipt 02 / 11 / 2011
Transaction ID: SA11.14082355
 Amount of Each Receipt this Period 110.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. CAROL J. HAYES

Mailing Address 1904 COUNTY RD 124

City CHESAPEAKE State OH Zip Code 45619-7847

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 ▼ 640.00

Date of Receipt 02 / 18 / 2011
Transaction ID: SA11.14102753
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1060.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 158 / 534
(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

A. Full Name (Last, First, Middle Initial)
MS. CAROL J. HAYES

Mailing Address 1904 COUNTY RD 124

City State Zip Code
CHESAPEAKE OH 45619-7847

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106053

Amount of Each Receipt this Period
110.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CLARENCE E. HAYES

Mailing Address P.O. BOX 157

City State Zip Code
BETSY LAYNE KY 41605-0157

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14062111

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CLARENCE E. HAYES

Mailing Address P.O. BOX 157

City State Zip Code
BETSY LAYNE KY 41605-0157

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14118345

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **410.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 159 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. FORREST D. HAYES

Mailing Address 56 WEXFORD ON THE GRN

City State Zip Code
HILTON HEAD SC 29928-6125

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066217

Amount of Each Receipt this Period
175.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FORREST D. HAYES

Mailing Address 56 WEXFORD ON THE GRN

City State Zip Code
HILTON HEAD SC 29928-6125

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 ▼ 425.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14067371

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS HAYWARD

Mailing Address 1223 SPRING ST., #901

City State Zip Code
SEATTLE WA 98104-3576

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

Name of Employer SELF-EMPLOYED Occupation EXECUTIVE CONSULTANT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103046

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 925.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 160 / 534
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CAROL HEGLAND

Mailing Address 3589 TAIMAN AVE

City State Zip Code
ELLSWORTH IA 50075

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14061833

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. ALISA HEGYI

Mailing Address 245 PARK AVENUE 39TH FLOOR

City State Zip Code
NEW YORK NY 10167-4000

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

Name of Employer HOME MAKER
Occupation HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
21000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14113331

Amount of Each Receipt this Period
21000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DORCAS HELFANT-BROWNING

Mailing Address 825 ARCTIC AVE

City State Zip Code
VA BEACH VA 23451-4531

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

Name of Employer COLDWELL BANKER PROFESSIONAL REALTOR
Occupation REAL ESTATE EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14063837

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **21725.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MISS JEAN T. HELLER	Date of Receipt MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 1612 BLAIR ST	Transaction ID: SA11.14056108
	City State Zip Code WILLIAMSPORT PA 17701-2702	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

B.	Full Name (Last, First, Middle Initial) MR. ROGER C. HENDERSON	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 4800 SW GRIFFITH DR STE 350	Transaction ID: SA11.14072201
	City State Zip Code BEAVERTON OR 97005-4735	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer SELF-EMPLOYED		Occupation OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00

C.	Full Name (Last, First, Middle Initial) MR. DANIEL S. HERMANN	Date of Receipt MM / DD / YYYY 02 / 10 / 2011
	Mailing Address 615 WINTERWOOD DRIVE	Transaction ID: SA11.14085462
	City State Zip Code EVANSVILLE IN 47715-4280	Amount of Each Receipt this Period 30400.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 30400.00

SUBTOTAL of Receipts This Page (optional)	30820.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 162 / 534
(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. HENRY L. HERNANDO

Mailing Address 870 W 8TH ST

City State Zip Code
SAN PEDRO CA 90731-3019

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

Name of Employer Occupation
APOSTLESHIP OF THE SEA DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105069

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER F. HERSCHEND

Mailing Address 100 CORPORATE PLACE

City State Zip Code
BRANSON MO 65616-9100

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

Name of Employer Occupation
SELF-EMPLOYED EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14123603

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL H. HERSON

Mailing Address 8709 BURNING TREE RD

City State Zip Code
BETHESDA MD 20817-3054

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

Name of Employer Occupation
AMERICAN DEFENSE INTERNATIONAL INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14113343

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **18000.00**

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

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

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

FOR LINE NUMBER: PAGE 163 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT J. HEWITT

Mailing Address 1 O'CONNOR PLAZA
SUITE 1100

City State Zip Code
VICTORIA TX 77901-6549

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

Name of Employer Occupation
SELF-EMPLOYED OIL, GAS & INVESTMENTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.14123599

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. W. GLEN HICKS

Mailing Address 809 KENNON STREET

City State Zip Code
MINDEN LA 71055-2311

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14074392

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. W. GLEN HICKS

Mailing Address 809 KENNON STREET

City State Zip Code
MINDEN LA 71055-2311

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14114209

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(check only one)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. W. GLEN HICKS

Mailing Address 809 KENNON STREET

City State Zip Code
MINDEN LA 71055-2311

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	1

Transaction ID: SA11.14114698

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KURT G. HILBERS

Mailing Address 1210 STABLER LN

City State Zip Code
YUBA CITY CA 95993-2620

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

Name of Employer SELF-EMPLOYED
Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt

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

Transaction ID: SA11.14085150

Amount of Each Receipt this Period
255.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. E. HILLER

Mailing Address PO BOX 557

City State Zip Code
EAGLE PASS TX 78853-0557

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

Name of Employer A E HILLER & SONS INC.
Occupation SITE WORK CONTRACTOR

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	/	0	9	/	2	0	1	1

Transaction ID: SA11.14072445

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **855.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. DAVE HILTON		Date of Receipt
	Mailing Address 228 BONNIE LN		<input type="text" value="02"/> / <input type="text" value="09"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BUCHANAN	TN	38222-4171
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.14077493
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="205.00"/>	<input type="text" value="105.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) MR. DAVE HILTON		Date of Receipt
	Mailing Address 228 BONNIE LN		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BUCHANAN	TN	38222-4171
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer RETIRED		Occupation RETIRED	Transaction ID: SA11.14117293
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="205.00"/>	<input type="text" value="100.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MR. ROLAND HINZ		Date of Receipt
	Mailing Address 1541 LOMBARDY ROAD		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PASADENA	CA	91106-4123
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.14118913
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="210.00"/>	<input type="text" value="210.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="415.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. VAN D. HIPPI, JR.
Mailing Address 809 N. QUAKER LANE
City ALEXANDRIA State VA Zip Code 22302-3416
FEC ID number of contributing federal political committee. **C**
Name of Employer AMERICAN DEFENSE INT'L, INC. Occupation CHAIRMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11.14120161
Amount of Each Receipt this Period 15000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. DAVID W. HOBBS
Mailing Address 300 NEW JERSEY AVENUE, NW SUITE 601
City WASHINGTON State DC Zip Code 20001-2030
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14113255
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRYAN L. HODGES
Mailing Address 1380 HARBOR DR
City SARASOTA State FL Zip Code 34239-2012
FEC ID number of contributing federal political committee. **C**
Name of Employer DATATREND TECHNOLOGI Occupation TECHNOLOGY SALES
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00
Date of Receipt 02 / 24 / 2011
Transaction ID: SA11.14104951
Amount of Each Receipt this Period 400.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 20400.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 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. TERRENCE HOFFER

Mailing Address 2648 RAILROAD AVE

City State Zip Code
YUBA CITY CA 95991-9226

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14099777

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CHARLES B. HOFFMAN

Mailing Address 34328 106TH ST

City State Zip Code
EUREKA SD 57437-5302

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

Name of Employer Occupation
O. RANCH INCORPORATED CATTLE RANCHER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056031

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NORMAN H. HOFFMAN

Mailing Address 116 WEST LAKE STREET

City State Zip Code
WACONIA MN 55387-1012

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

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14123621

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **10550.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
CHARLES HOLBROOK

Mailing Address 412 FOREMAN AVENUE

City State Zip Code
NORMAN OK 73069-6610

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

Name of Employer SELF-EMPLOYED Occupation REALTOR

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: SA11.14110671

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDY A. HOLLOWBUSH

Mailing Address 17 W WEIS ST

City State Zip Code
TOPTON PA 19562-1508

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

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

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

Transaction ID: SA11.14112755

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COL. EDWARD Y. HOLT, JR.

Mailing Address 100 E OCEAN VIEW AVE STE 1103

City State Zip Code
NORFOLK VA 23503-1635

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

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

Transaction ID: SA11.14070586

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **560.00**

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

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
COL. EDWARD Y. HOLT, JR.
Mailing Address 100 E OCEAN VIEW AVE STE 1103
City NORFOLK State VA Zip Code 23503-1635
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 ▼ 250.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14107356
Amount of Each Receipt this Period 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JOANNE H. HOOK
Mailing Address 101 WESTCOTT ST. UNIT 1102
City HOUSTON State TX Zip Code 77007-7095
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00
Date of Receipt 02 / 09 / 2011
Transaction ID: SA11.14077324
Amount of Each Receipt this Period 300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD A. HORVITZ
Mailing Address 85 STONEWOOD DRIVE
City MORELAND HILLS State OH Zip Code 44022-1072
FEC ID number of contributing federal political committee. **C**
Name of Employer MORELAND MGMT COMPANY Occupation CHAIRMAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 14 / 2011
Transaction ID: SA11.14085478
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5350.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. URIAH HOSTETLER

Mailing Address PO BOX 409

City LOUDONVILLE State OH Zip Code 44842-0409

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

Name of Employer H. AND H. CUSTOM HOMES LLC Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt 02 / 24 / 2011
Transaction ID: SA11.14104981
Amount of Each Receipt this Period 420.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DANIEL M. HOUCK

Mailing Address 1072 SANTIAGO DR.

City NEWPORT BEACH State CA Zip Code 92660-5728

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

Name of Employer UNIVERSAL ASPHOAX Occupation C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 14 / 2011
Transaction ID: SA11.14087410
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT HROMADNIK

Mailing Address P.O. BOX 562

City OSAWATOMIE State KS Zip Code 66064-0562

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 ▼ 250.00

Date of Receipt 02 / 18 / 2011
Transaction ID: SA11.14103643
Amount of Each Receipt this Period 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1170.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. WILLIAM G. HUBBARD

Mailing Address 2618 E DEVON ST

City State Zip Code
TUCSON AZ 85716-5506

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105769

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GIDEON C. HUDDLE

Mailing Address 1009 KNOLLWOOD PL

City State Zip Code
MARTINSVILLE VA 24112-5501

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

Name of Employer Occupation
SHENANDOAH FURNITURE MFG EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14079612

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GIDEON C. HUDDLE

Mailing Address 1009 KNOLLWOOD PL

City State Zip Code
MARTINSVILLE VA 24112-5501

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

Name of Employer Occupation
SHENANDOAH FURNITURE MFG EXEC

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14079861

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 550.00

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

**SCHEDULE A (FEC Form 3X)
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 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. COIT HUGHES
Mailing Address 1802 E. BETHANY
City PHOENIX State AZ Zip Code 85016
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 ▼ 300.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14104481
Amount of Each Receipt this Period 300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT J. HUGIN
Mailing Address 19 ESSEX ROAD
City SUMMIT State NJ Zip Code 07901-2801
FEC ID number of contributing federal political committee. **C**
Name of Employer CELGENE CORP. Occupation PRESIDENT & C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00
Date of Receipt 02 / 02 / 2011
Transaction ID: SA11.14066525
Amount of Each Receipt this Period 30400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARY B. HUMMELER
Mailing Address 1745 MONTGOMERY AVE
City VILLANOVA State PA Zip Code 19085-1930
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 ▼ 305.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14084630
Amount of Each Receipt this Period 305.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31005.00
TOTAL This Period (last page this line number only) ►

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

Use separate schedule(s)
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MRS. DIANE HUNKE

Mailing Address PO BOX 229

City WADENA State MN Zip Code 56482-0229

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

Name of Employer NORTHERN COSMETOLOGY INST. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 18 / 2011
Transaction ID: SA11.14097295
Amount of Each Receipt this Period 210.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RON HURST

Mailing Address PO BOX 1051

City BUCKHANNON State WV Zip Code 26201-1051

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

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 17 / 2011
Transaction ID: SA11.14095510
Amount of Each Receipt this Period 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAY HURTADO

Mailing Address 9841 BELL RANCH DR.

City SANTA FE SPGS State CA Zip Code 90670-2953

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

Name of Employer HURLEN CORPORATION Occupation C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt 02 / 16 / 2011
Transaction ID: SA11.14091188
Amount of Each Receipt this Period 210.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 670.00

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

**SCHEDULE A (FEC Form 3X)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. RICHARD HUTCHINSON

Mailing Address 2 GREY GULL ROAD

City State Zip Code
JAMESTOWN RI 02835-2808

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 ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14066932

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. OLIN V. HYDE

Mailing Address 117 WEST SQUARE DR

City State Zip Code
RICHMOND VA 23238-6156

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 ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101169

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HARRY N. ILGENFRITZ

Mailing Address 614 W HARNEY LN

City State Zip Code
LODI CA 95242-9562

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100366

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **910.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 534
(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

<p>A. Full Name (Last, First, Middle Initial) MRS. PAULINE INABNITT</p> <p>Mailing Address 926 CAMBRIDGE DR</p> <p>City State Zip Code MASON OH 45040-1007</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 370.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2011</p> <p>Transaction ID: SA11.14073324</p> <p>Amount of Each Receipt this Period 60.00</p> <p>CONTRIBUTION</p>
--	---

<p>B. Full Name (Last, First, Middle Initial) MRS. PAULINE INABNITT</p> <p>Mailing Address 926 CAMBRIDGE DR</p> <p>City State Zip Code MASON OH 45040-1007</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation RETIRED RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 370.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2011</p> <p>Transaction ID: SA11.14103047</p> <p>Amount of Each Receipt this Period 250.00</p> <p>CONTRIBUTION</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR. NORMAN A. ISRAEL</p> <p>Mailing Address 10 OAKLAWN RD.</p> <p>City State Zip Code SHORT HILLS NJ 07078-1608</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2011</p> <p>Transaction ID: SA11.14068490</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	810.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 176 / 534
(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. TOM IVEY

Mailing Address 5809 S WESTERN ST.
STE. 230

City State Zip Code
AMARILLO TX 79110-3638

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

Name of Employer Occupation
NORTH TEXAS DENTAL LAB OWNER

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14061058

Amount of Each Receipt this Period
260.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. CURTIS B. JACKSON

Mailing Address P.O. BOX 148
1608 HIGHWAY 70 W

City State Zip Code
GOLDSBORO NC 27533-0148

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

Name of Employer Occupation
SELF-EMPLOYED CONSTRUCTION

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14070742

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MISS ELIZABETH JACKSON

Mailing Address 724 CLAYTON CORNERS DR.

City State Zip Code
BALLWIN MO 63011-2839

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102575

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **660.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 177 / 534
(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)
MISS ELIZABETH JACKSON

Mailing Address 724 CLAYTON CORNERS DR.

City State Zip Code
BALLWIN MO 63011-2839

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112372

Amount of Each Receipt this Period
50.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. NOLAN P. JACKSON

Mailing Address 5310 GREEN COVE BEND LN

City State Zip Code
HOUSTON TX 77041-6684

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
SOUTHWEST CORRUGATED LLP VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114594

Amount of Each Receipt this Period
315.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. NOREEN M. JANES

Mailing Address 301 KONAWA PL

City State Zip Code
LOUDON TN 37774-2981

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083826

Amount of Each Receipt this Period
105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) 470.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 178 / 534
(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)
MRS. NOREEN M. JANES

Mailing Address 301 KONAWA PL

City Loudon State TN Zip Code 37774-2981

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 ▼ 205.00

Date of Receipt 02 / 17 / 2011
Transaction ID: SA11.14099825
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARGARET M. JENKS

Mailing Address P.O. BOX 19769

City Brentwood State MO Zip Code 63144-0169

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 02 / 25 / 2011
Transaction ID: SA11.14115144
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DAVID S. JENNEY

Mailing Address 4 BEACON ST

City Mattapoisett State MA Zip Code 02739-2003

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 ▼ 400.00

Date of Receipt 02 / 14 / 2011
Transaction ID: SA11.14088494
 Amount of Each Receipt this Period 400.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1000.00

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

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

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

FOR LINE NUMBER: PAGE 179 / 534
(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)
MRS. BOBBIE F. JOHNSON

Mailing Address 1547 DE LEON WAY

City State Zip Code
LIVERMORE CA 94550-5633

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084856

Amount of Each Receipt this Period
410.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City State Zip Code
SUITLAND MD 20746-1023

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14063907

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City State Zip Code
SUITLAND MD 20746-1023

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 590.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14063908

Amount of Each Receipt this Period
40.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **490.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 180 / 534
(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

A. Full Name (Last, First, Middle Initial)
GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City State Zip Code
SUITLAND MD 20746-1023

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 ▼ 590.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11.14063909

Amount of Each Receipt this Period
30.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City State Zip Code
SUITLAND MD 20746-1023

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 ▼ 590.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14108267

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GLORIA R. JOHNSON

Mailing Address 2317 DUPONT AVE

City State Zip Code
SUITLAND MD 20746-1023

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 ▼ 590.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14114416

Amount of Each Receipt this Period
120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 190.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) GLORIA R. JOHNSON		Date of Receipt
	Mailing Address 2317 DUPONT AVE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	City	State	Zip Code
	SUITLAND	MD	20746-1023
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.14114423
		Amount of Each Receipt this Period	
		<input type="text"/> 60.00	
Name of Employer RETIRED		Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 590.00	

B.	Full Name (Last, First, Middle Initial) MR. JAMES T. JOHNSON		Date of Receipt
	Mailing Address 2758 OAKMEADE DR		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 1 / 2 0 1 1
	City	State	Zip Code
	CHARLOTTE	NC	28270-9730
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.14100310
		Amount of Each Receipt this Period	
		<input type="text"/> 210.00	
Name of Employer ASIA AMERICA CORP		Occupation PRESIDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 210.00	

C.	Full Name (Last, First, Middle Initial) MR. RICHARD JOHNSON		Date of Receipt
	Mailing Address 63 COTTONWOOD LANE		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	City	State	Zip Code
	BRIARCLIFF MANOR	NY	10510-2140
	FEC ID number of contributing federal political committee.		Transaction ID: SA11.14104850
		Amount of Each Receipt this Period	
		<input type="text"/> 10000.00	
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 10000.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 10270.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 182 / 534
(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

A. Full Name (Last, First, Middle Initial)
DR. ROBERT G. JOHNSON

Mailing Address 6450 ELLENWOOD AVE

City SAINT LOUIS State MO Zip Code 63105-2229

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

Name of Employer ST. LOUIS UNIVERSITY Occupation SURGEON

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 05 / 2011
Transaction ID: SA11.14066133
Amount of Each Receipt this Period: 500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
TOM JOHNSON

Mailing Address 7881 COCOBAY DR

City NAPLES State FL Zip Code 34108-6510

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 ▼ 250.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11.14081188
Amount of Each Receipt this Period: 150.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TOM JOHNSON

Mailing Address 7881 COCOBAY DR

City NAPLES State FL Zip Code 34108-6510

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 ▼ 250.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14112248
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

TOTAL This Period (last page this line number only) ▶

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

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

FOR LINE NUMBER: PAGE 183 / 534
(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. ALISON JONES

Mailing Address 2300 N VERMILION ST

City DANVILLE State IL Zip Code 61832-1735

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 ▼ 410.00

Date of Receipt: 02 / 21 / 2011
Transaction ID: SA11.14100284
 Amount of Each Receipt this Period: 410.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ELIZABETH L. JONES

Mailing Address 217 ESSEX MDWS

City ESSEX State CT Zip Code 06426-1524

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 ▼ 400.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14114103
 Amount of Each Receipt this Period: 400.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HOWARD W. JONES, JR.

Mailing Address 8011 CREST DR. NE

City SEATTLE State WA Zip Code 98115-5217

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 ▼ 205.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14106014
 Amount of Each Receipt this Period: 100.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 910.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. PHIL JONES	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 6209 CORDOBA CT	Transaction ID: SA11.14072098
	City State Zip Code LONG BEACH CA 90803-6333	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer COASTAL ALLIANCE HOLDINGS, INC.	Occupation REALTOR/OWNER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) MS. ROBIN A. JONES	Date of Receipt MM / DD / YYYY 02 / 17 / 2011
	Mailing Address 1 LITTLE PINE RD	Transaction ID: SA11.14095516
	City State Zip Code MOUNT KISCO NY 10549-4109	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MS. LOU ANN JOYCE	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 3 THORNTREE	Transaction ID: SA11.14071437
	City State Zip Code LONGVIEW TX 75601-4797	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	920.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 185 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. SHERMAN KAHAN

Mailing Address 4719 BRIGGSWOOD CT

City State Zip Code
FREDERICK MD 21703-7442

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

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11.14065583

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. MARGARET R. KAMINSKI

Mailing Address 227 W MONROE ST STE 3400

City State Zip Code
CHICAGO IL 60606-5098

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

Name of Employer
DUANE MORRIS LLP

Occupation

PARTNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.14104950

Amount of Each Receipt this Period

155.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
TIMOTHY KANTOR

Mailing Address 15279 STONEWOOD COURT

City State Zip Code
BURNSVILLE MN 55306-2500

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

Name of Employer
THE DUPONT COMPANY

Occupation

DATABASE MANAGEMENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11.14095549

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

465.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 186 / 534
(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. WILLIAM E. KASSLING

Mailing Address 4601 GULF SHR. BLVD. N APT. 19

City State Zip Code
NAPLES FL 34103-2214

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066362

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. FRANK KAVANAUGH

Mailing Address 2532 DUPONT DRIVE

City State Zip Code
IRVINE CA 92612-1524

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

Name of Employer Occupation
FORT ASHFORD FUNDS, LLC FINANCIAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101751

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CAROL KECK

Mailing Address P.O. BOX 84

City State Zip Code
UNIONVILLE OH 44088-0084

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

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083532

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) CAROL KECK	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address P.O. BOX 84	Transaction ID: SA11.14102734
	City State Zip Code UNIONVILLE OH 44088-0084	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation HOMEMAKER HOMEMAKER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) MR. HOWARD W. KEEGAN	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 1029 RAY ST	Transaction ID: SA11.14101119
	City State Zip Code MANCHESTER NH 03104-1619	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) DR. ARTHUR KEISER	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 6069 NW 87TH AVENUE	Transaction ID: SA11.14123601
	City State Zip Code PARKLAND FL 33067-5002	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	5650.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 188 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.

Full Name (Last, First, Middle Initial) NANCY KELLER		Date of Receipt MM / DD / YYYY 02 / 24 / 2011
Mailing Address P.O. BOX 25009		Transaction ID: SA11.14104973
City ASHEVILLE	State NC	Zip Code 28813-1009
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

B.

Full Name (Last, First, Middle Initial) MR. HERBERT R. KEMME		Date of Receipt MM / DD / YYYY 02 / 14 / 2011
Mailing Address 125 WOODRIDGE DRIVE		Transaction ID: SA11.14089708
City HANOVER	State PA	Zip Code 17331-7919
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 210.00
Name of Employer RETIRED	Occupation RETIRED	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.

Full Name (Last, First, Middle Initial) MR. BRUCE A. KENAN		Date of Receipt MM / DD / YYYY 02 / 15 / 2011
Mailing Address		Transaction ID: SA11.14097867
City SKANEATELES	State NY	Zip Code 13152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	2410.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 189 / 534
(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

A.

Full Name (Last, First, Middle Initial)
BERT KENNEDY

Mailing Address 18246 SE VILLAGE CIR.

City State Zip Code
JUPITER FL 33469-3402

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

Name of Employer Occupation
THE KENNEDY GROUP INC C.E.O.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14076950

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. THOMAS W. KENNEDY

Mailing Address 1306 DINWIDDIE AVENUE

City State Zip Code
RICHMOND VA 23229-5832

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076135

Amount of Each Receipt this Period
110.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DR. ALEXANDER B. KENTON

Mailing Address 5414 FREDERICKSBURG RD # 100

City State Zip Code
SAN ANTONIO TX 78229-3646

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

Name of Employer Occupation
PEDIATRIX MEDICAL GRP PHYSICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100306

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1360.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 190 / 534
(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)
JAMES J. KERLEY

Mailing Address 11788 LAKE HOUSE CT

City State Zip Code
NORTH PALM BEACH FL 33408-3320

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102221

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BENJAMIN KIFLE

Mailing Address 82 WALL ST STE 1105

City State Zip Code
NEW YORK NY 10005-3611

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

Name of Employer Occupation
COHEN FINANCIAL ADVISORS ANALYST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2011

Transaction ID: SA11.03678920

Amount of Each Receipt this Period
900.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
CHRISTOPHER KIFLE

Mailing Address 875 W BERRY AVE

City State Zip Code
LITTLETON CO 80120-1401

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

Name of Employer Occupation
RIDER CONSTRUCTION PROJECT MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.03678914

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 534
(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

<p>A. Full Name (Last, First, Middle Initial) MRS. ELEANOR M. KILGORE</p> <p>Mailing Address 173 E TIOGA ST # B11</p> <p>City State Zip Code TUNKHANNOCK PA 18657-1608</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 07 / 2011</p> <p>Transaction ID: SA11.14069918</p> <p>Amount of Each Receipt this Period 600.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) MR. GLENN A. KING</p> <p>Mailing Address 8104 WESTMINSTER ABBEY BLVD.</p> <p>City State Zip Code ORLANDO FL 32835-5960</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 265.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 11 / 2011</p> <p>Transaction ID: SA11.14082889</p> <p>Amount of Each Receipt this Period 100.00</p> <p>CONTRIBUTION</p>
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<p>C. Full Name (Last, First, Middle Initial) MR. HERSCHEL D. KING</p> <p>Mailing Address 205 OLD MILL RD</p> <p>City State Zip Code HIGH POINT NC 27265-1223</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SELF-EMPLOYED Occupation PRESIDENT OWNER</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2011</p> <p>Transaction ID: SA11.14115238</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	1200.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 534
(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)
WILLIAM P. KING

Mailing Address 2850 S OCEAN BLVD. APT. 502

City State Zip Code
PALM BEACH FL 33480-6248

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114650

Amount of Each Receipt this Period
245.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GORDON L. KINNE

Mailing Address 4500 E FARM ROAD 148

City State Zip Code
SPRINGFIELD MO 65809-2991

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

Name of Employer Occupation
HUMANA / MED - PAN INC. C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112452

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BOYD KINZLEY

Mailing Address 1921 BRIARWOOD DR

City State Zip Code
LANSING MI 48917-1771

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111933

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2455.00

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

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

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

FOR LINE NUMBER: PAGE 193 / 534
(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. JONATHAN I. KISLAK

Mailing Address 9999 NE 2ND AVENUE
SUITE 306

City State Zip Code
MIAMI SHORES FL 33138-2346

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

Name of Employer Occupation
ANTARES CAPITAL CORPORATI- INVESTMENTS
ON

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113259

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD J. KLEIN

Mailing Address 5437 PLEASANT LAKE DR

City State Zip Code
WEST BLOOMFIELD MI 48322-4701

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

Name of Employer Occupation
POST GUARD EXECUTIVE VICE PRESIDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102892

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. FREDERICK A. KLINGENSTEIN

Mailing Address 22 ROCKLEDGE ROAD

City State Zip Code
RYE NY 10580-1933

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

Name of Employer Occupation
SELF-EMPLOYED INVESTOR

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14097866

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **11200.00**

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

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 194 / 534
(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. RICHARD G. KNAPP

Mailing Address 1400 N. DRAKE ROAD
APT. 177

City State Zip Code
KALAMAZOO MI 49006-1969

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106009

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. J WAYNE KNEISLEY

Mailing Address 3015 DUNCAN RD

City State Zip Code
WILMINGTON DE 19808-2320

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14098379

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL E. KNIGHTON

Mailing Address 16780 OLD WATERFORD RD

City State Zip Code
PAEONIAN SPRINGS VA 20129-1852

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

Name of Employer Occupation
INTERSTATE HOTELS HOTEL MANAGEMENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084937

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 445.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 195 / 534
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) MR. DAVID J. KNOLL</p> <p>Mailing Address 14022 HEATHER ST NW</p> <p>City State Zip Code ANDOVER MN 55304-7547</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation ANDERSON DAHLEN, INC C.F.O.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 02 / 17 / 2011</p> <p>Transaction ID: SA11.14095367</p> <p>Amount of Each Receipt this Period 400.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) MR. STEVEN R. KNUTH</p> <p>Mailing Address 887 HIGHLANDER TRAIL</p> <p>City State Zip Code HUDSON WI 54016-7970</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation PUBLIC AFFAIRS COMPANY PRESIDENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 02 / 24 / 2011</p> <p>Transaction ID: SA11.14123611</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MR. RUDOLPH J. KOLACI</p> <p>Mailing Address 99 REAGENT LANE</p> <p>City State Zip Code FAIR LAWN NJ 07410-2802</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation TOTAL COMP SALES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>	<p>Date of Receipt 02 / 18 / 2011</p> <p>Transaction ID: SA11.14097290</p> <p>Amount of Each Receipt this Period 2000.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	3400.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: PAGE 196 / 534
(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)
MRS. ELEANOR KOLGORE

Mailing Address 173 E TIOGA ST APT B11

City State Zip Code
TUNKHANNOCK PA 18657-1608

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 ▼
400.00

Date of Receipt

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

Transaction ID: SA11.14102522

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WILLIAM K. KONZE

Mailing Address 7318 RIVERHILL RD.

City State Zip Code
OXON HILL MD 20745-1031

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 ▼
2000.00

Date of Receipt

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

Transaction ID: SA11.14102715

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. HESHAM KORAYEM

Mailing Address 356 CENTRAL AVE

City State Zip Code
N CALDWELL NJ 07006-4247

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

Name of Employer BERKELEY CAR WASH INC
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: SA11.14111784

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **3400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MS. VALERIE W. KORTH		Date of Receipt MM / DD / YYYY 02 / 02 / 2011		
	Mailing Address 6363 SW 109TH ST.		Transaction ID: SA11.14060877		
	City MIAMI	State FL	Zip Code 33156-4055	Amount of Each Receipt this Period 210.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

B.	Full Name (Last, First, Middle Initial) FRANK KOZEL		Date of Receipt MM / DD / YYYY 02 / 28 / 2011		
	Mailing Address P.O. BOX 555		Transaction ID: SA11.14113290		
	City PITTSBURGH	State PA	Zip Code 15230-0555	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 1000.00			

C.	Full Name (Last, First, Middle Initial) RAYMOND KOZIELEK		Date of Receipt MM / DD / YYYY 02 / 22 / 2011		
	Mailing Address 2741 HARVEY PL APT 118		Transaction ID: SA11.14100968		
	City GRANITE CITY	State IL	Zip Code 62040-4207	Amount of Each Receipt this Period 110.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 430.00			

SUBTOTAL of Receipts This Page (optional)	▶	1320.00
TOTAL This Period (last page this line number only)	▶	

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

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

FOR LINE NUMBER: PAGE 198 / 534
(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)
WILLIAM A. KRAMER

Mailing Address 2626 HOWELL ST FL 10

City State Zip Code
DALLAS TX 75204-4064

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

Name of Employer REPUBLIC TITLE OF TEXAS INC
Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105764

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD A. KRANCER

Mailing Address 1142 BRYNLAWN ROAD

City State Zip Code
VILLANOVA PA 19085-2102

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 ▼ 20000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113258

Amount of Each Receipt this Period
20000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DONALD KRAUSE

Mailing Address 22710 CRANBERRY TRL

City State Zip Code
SPRING TX 77373-6428

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

Name of Employer BAKER HUGHES INC
Occupation QUALITY ASSURANCE MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072199

Amount of Each Receipt this Period
420.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 20670.00

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

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

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

FOR LINE NUMBER: PAGE 199 / 534
(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. MARK A. KRENTZMAN

Mailing Address 2 SUTTON PL S APT 16A

City State Zip Code
NEW YORK NY 10022-3799

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

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11.14091171

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. IRVIN N. KUHN

Mailing Address 36333 PANORAMA DR

City State Zip Code
YUCAIPA CA 92399-3533

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14093134

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RODERICK C. KUHNS

Mailing Address 643 MEADOW LN

City State Zip Code
HARLEYSVILLE PA 19438-1620

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

Name of Employer Occupation
PAVEMENT IMPRESSIONS, INC. PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11.14101121

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 850.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 200 / 534
(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

A.

Full Name (Last, First, Middle Initial)
ROBERT KULICK

Mailing Address 106 WEST CAMPBELL AVENUE

City State Zip Code
CAMPBELL CA 95008-1029

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

Name of Employer Occupation
NOVA REALTOR

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 1 / 2 0 1 1

Transaction ID: SA11.14078304

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DANIEL KUZNAR

Mailing Address 648 RANCH DR.

City State Zip Code
NORTON SHORES MI 49441-4942

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11.14116219

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. VINCENT W. KYLE

Mailing Address 3802 WINKLER DRIVE EXT NW

City State Zip Code
DOVER OH 44622-1290

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED 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 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14065455

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. CHRISTOPHER KYLER

Mailing Address 431 N. SUNRISE DR.

City State Zip Code
ALPINE UT 84004-1581

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UTAH ASSOC. OF REALTORS C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101743

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
FREDERICK W. LACY

Mailing Address 20 CHUCKWAGON RD.

City State Zip Code
ROLLING HILLS CA 90274-5276

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER/CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102711

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. FRANCIS LAMOTHE

Mailing Address 6404 GRAND CYPRESS CIR

City State Zip Code
LAKE WORTH FL 33463-7362

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14061052

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 202 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. ROBERT LANDIES

Mailing Address P.O. BOX 687

City State Zip Code
CHARDON OH 44024-0687

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14115100

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. DEBORAH LANNI

Mailing Address 1585 ORLANDO ROAD

City State Zip Code
PASADENA CA 91106-4129

FEC ID number of contributing federal political committee. **C**

Name of Employer HOME MAKER
Occupation HOME MAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30800.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14104849

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. J. TERRENCE LANNI

Mailing Address 1585 ORLANDO ROAD

City State Zip Code
PASADENA CA 91106-4129

FEC ID number of contributing federal political committee. **C**

Name of Employer M.G.M.MIRAGE
Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30800.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14104842

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **61750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 534
(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)
MS. ANN GRAY LARGE

Mailing Address 515 CHURCH RD.

City State Zip Code
PHOENIXVILLE PA 19460-2132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VOLUNTEER VOLUNTEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 370.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14075226

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THOMAS LASERSOHN

Mailing Address 304 NORTH AVENUE

City State Zip Code
WESTPORT CT 06880-1328

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113260

Amount of Each Receipt this Period
4000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR C. LATNO

Mailing Address 67 CONVENT CT

City State Zip Code
SAN RAFAEL CA 94901-1333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14108627

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **4250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JAMES R. LAUGHLIN

Mailing Address 445 BAY HILL DR.

City State Zip Code
GRAFORD TX 76449-5017

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 ▼
350.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101191

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JIM LAUGHTEN

Mailing Address 140 WASHINGTON STREET #100

City State Zip Code
RENO NV 89503-5690

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117377

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WILLIAM B. LAWSON

Mailing Address 112 GAY ST.

City State Zip Code
ERWIN TN 37650-1228

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072442

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. JAMES E. LEAGUE	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 246 HEREFORD CT	Transaction ID: SA11.14068581
	City State Zip Code MILLERSVILLE MD 21108-1719	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SUCCESS FAV SALESMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MR. DAVID L. LEANNA	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 2601 SHE BOSS RD	Transaction ID: SA11.14084935
	City State Zip Code DUCK RIVER TN 38454-3311	Amount of Each Receipt this Period 430.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 430.00	

C.	Full Name (Last, First, Middle Initial) MR. DONALD H. LEDFORD	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 3245 BLUEBERRY HL. PL. NW	Transaction ID: SA11.14066424
	City State Zip Code CLEVELAND TN 37312-4402	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	850.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 206 / 534
(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. JOHN R. LEE, JR.
Mailing Address 120 NORTH TOPANGA CANYON ROAD
City TOPANGA State CA Zip Code 90290-3851
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation EXECUTIVE
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14092546
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HARRISON T. LEFRAK
Mailing Address 101 20TH STREET APARTMENT 2708
City MIAMI BEACH State FL Zip Code 33139-1903
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation DEVELOPER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30800.00
Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14113282
Amount of Each Receipt this Period 30800.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STANLEY G. LEHMAN
Mailing Address 5111 S 000 RD
City BERNE State IN Zip Code 46711-9712
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation MANAGER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 22 / 2011
Transaction ID: SA11.14100941
Amount of Each Receipt this Period 210.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31260.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)
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 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)
MS. ELVA B. LENDT

Mailing Address 3967 GRAPEFRUIT CIR.

City LAS VEGAS State NV Zip Code 89103-2269

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 ▼ 410.00

Date of Receipt: 02 / 16 / 2011
Transaction ID: SA11.14096386
 Amount of Each Receipt this Period: 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ELVA B. LENDT

Mailing Address 3967 GRAPEFRUIT CIR.

City LAS VEGAS State NV Zip Code 89103-2269

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 ▼ 410.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14102754
 Amount of Each Receipt this Period: 150.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ELVA B. LENDT

Mailing Address 3967 GRAPEFRUIT CIR.

City LAS VEGAS State NV Zip Code 89103-2269

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 ▼ 410.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14115112
 Amount of Each Receipt this Period: 160.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 410.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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 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. JOSEPH T. LEONE

Mailing Address 83 PANORAMA TRL.

City ROCHESTER State NY Zip Code 14625-1507

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 ▼ 250.00

Date of Receipt: 02 / 04 / 2011
Transaction ID: SA11.14066879
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT LIGMAN

Mailing Address 7038 111TH AVE

City SOUTH HAVEN State MI Zip Code 49090-9640

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14073028
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARJORIE R. LINDSEY

Mailing Address 10202 DUTCH IRIS DR

City BAKERSFIELD State CA Zip Code 93311-3770

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 ▼ 205.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14113349
Amount of Each Receipt this Period: 105.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 605.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 534
(check only one)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MS. MARJORIE R. LINDSEY

Mailing Address 10202 DUTCH IRIS DR

City State Zip Code
BAKERSFIELD CA 93311-3770

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114373

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GENNELLE LINVILLE

Mailing Address 1219 N SALSIPUEDES ST # A

City State Zip Code
SANTA BARBARA CA 93103-2327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14119791

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GUSTAVE K. LIPMAN

Mailing Address 161 E. 79TH STREET

City State Zip Code
NEW YORK NY 10075-0480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GUARDSMARK L.L.C. EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085220

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 510.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
PHILLIP E. LIPPINCOTT

Mailing Address P.O. BOX 2159

City State Zip Code
PARK CITY UT 84060-2159

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102730

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. JOHN T. LITTELL

Mailing Address 300 PARK PLACE BLVD.

City State Zip Code
KISSIMMEE FL 34741-2325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100372

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JOHN T. LITTELL

Mailing Address 300 PARK PLACE BLVD.

City State Zip Code
KISSIMMEE FL 34741-2325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14112715

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2750.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 211 / 534
(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)
JOAN T. LOOS

Mailing Address 3111 GREEN DOLPHIN LN

City State Zip Code
NAPLES FL 34102-7915

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14064485

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STEPHEN LORD

Mailing Address 109 PEPPERTREE LN

City State Zip Code
ENCINITAS CA 92024-6400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SML ASSOCIATES OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105076

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. STEPHEN LORD

Mailing Address 109 PEPPERTREE LN

City State Zip Code
ENCINITAS CA 92024-6400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SML ASSOCIATES OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14113242

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **660.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. PABLO LORENZO

Mailing Address 7225 PELICAN BAY BLVD.

City State Zip Code
NAPLES FL 34108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102755

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. JUDITH K. LOVE

Mailing Address 2065 OLD DOMINION RD

City State Zip Code
ATLANTA GA 30350-4620

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

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 1 / 2 0 1 1

Transaction ID: SA11.14083602

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PEGGY LOVEJOY

Mailing Address P.O. BOX 400

City State Zip Code
HALLANDALE FL 33008-0400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104846

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(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

A.

Full Name (Last, First, Middle Initial)
MR. BOBBY LOVELL

Mailing Address 2505 KEITH DR

City State Zip Code
COLUMBIA TN 38401-4364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

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 / 0 8 / 2 0 1 1

Transaction ID: SA11.14075489

Amount of Each Receipt this Period

300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES LOWSON

Mailing Address P.O. BOX 613

City State Zip Code
LAHAINA HI 96767-0613

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

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 / 0 1 / 2 0 1 1

Transaction ID: SA11.14055950

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
LAURIE LOWSON

Mailing Address P.O. BOX 11494

City State Zip Code
LAHAINA HI 96761-6494

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

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 / 0 1 / 2 0 1 1

Transaction ID: SA11.14055949

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. EDWARD A. LOZICK	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 29425 CHAGRIN BLVD. SUITE 201	Transaction ID: SA11.14106291
	City State Zip Code PEPPER PIKE OH 44122-4602	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation STREN, INC. PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

B.	Full Name (Last, First, Middle Initial) MR. KENNETH W. LUCAS	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 17323 STATE HIGHWAY B.	Transaction ID: SA11.14110634
	City State Zip Code ROCK PORT MO 64482-8450	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED FARMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C.	Full Name (Last, First, Middle Initial) MR. TED D. LUCAS	Date of Receipt MM / DD / YYYY 02 / 02 / 2011
	Mailing Address 309 N 300 E	Transaction ID: SA11.14060643
	City State Zip Code PLEASANT GRV UT 84062-2331	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	2910.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
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Use separate schedule(s)
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. KARL LUST

Mailing Address 1880 SE FEDERAL HWY

City State Zip Code
STUART FL 34994-3914

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 ▼
250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11.14119388

Amount of Each Receipt this Period
125.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MACDONALD

Mailing Address 597 ST CROIX STREET

City State Zip Code
HENDERSON NV 89012-7269

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED
Occupation REAL ESTATE DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.14114043

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. BYRON C. MACHEN

Mailing Address 6017 GREYSTONE PL

City State Zip Code
MONTGOMERY AL 36117-2629

FEC ID number of contributing federal political committee. **C**

Name of Employer MONTGOMERY RADIOLOGY ASSO-C.
Occupation PHYSICIAN

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	/	2	4	/	2	0	1	1

Transaction ID: SA11.14104956

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **835.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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 11a 11b 11c 12
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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
STEHEN MACKINTOSH

Mailing Address 7001 LILY PONS RD

City State Zip Code
ADAMSTOWN MD 21710-8621

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14113314

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. PETER A. MAGOWAN

Mailing Address 100 PINE STREET
SUITE 2700

City State Zip Code
SAN FRANCISCO CA 94111-5213

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14097873

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ISABELLA MAHON

Mailing Address 1607 SUMMERCHASE LOOP

City State Zip Code
THE VILLAGES FL 32162-8538

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14055953

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1710.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 / 534
	<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

A.	Full Name (Last, First, Middle Initial) DR. G. M. MAITRE		Date of Receipt
	Mailing Address 4301 LAKEWOOD DR. S		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 02 / 2011
	City	State	Zip Code
	MOBILE	AL	36608-2247
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.14060737
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION 210.00	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		Aggregate Year-to-Date ▼	
		210.00	

B.	Full Name (Last, First, Middle Initial) MR. PHILLIP MALONEY		Date of Receipt
	Mailing Address 5108 E 84TH PLACE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 14 / 2011
	City	State	Zip Code
	TULSA	OK	74137-2017
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.14090349
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION 215.00	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		Aggregate Year-to-Date ▼	
		215.00	

C.	Full Name (Last, First, Middle Initial) DR. JOSEPH R. MANSEN		Date of Receipt
	Mailing Address 224 CANYON LAKE DRIVE		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 18 / 2011
	City	State	Zip Code
	SOUTHLAKE	TX	76092-7300
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11.14097380
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Amount of Each Receipt this Period	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CONTRIBUTION 750.00	
Occupation INFORMATION REQUESTED PER BEST EFFORTS		Aggregate Year-to-Date ▼	
		750.00	

SUBTOTAL of Receipts This Page (optional)	1175.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 534
(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)
LORNA M. MANSFIELD

Mailing Address 1954 MAGNOLIA WAY

City State Zip Code
WALNUT CREEK CA 94595-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 553.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14062007

Amount of Each Receipt this Period
151.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LORNA M. MANSFIELD

Mailing Address 1954 MAGNOLIA WAY

City State Zip Code
WALNUT CREEK CA 94595-1715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 553.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106319

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE MARLATT

Mailing Address 257 BROOK ST LOWR

City State Zip Code
SAUGATUCK MI 49453-9696

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ENTERGY ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084725

Amount of Each Receipt this Period
610.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **861.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 534
(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)
MS. CAROL J. MARTELLA

Mailing Address 1817 BANNISTER PL

City State Zip Code
MODESTO CA 95355-4404

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 ▼
315.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	1	1

Transaction ID: SA11.14084723

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. REBECCA K. MARTIN

Mailing Address 2529 YORKMONT DR

City State Zip Code
VESTAVIA AL 35226-3535

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 ▼
320.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14105768

Amount of Each Receipt this Period
160.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. SUE MARTIN

Mailing Address 2 EMPTY SADDLE ROAD

City State Zip Code
PALOS VERDES PENIN CA 90274-4124

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	1	1

Transaction ID: SA11.14065590

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **530.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 220 / 534
(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. DAVID E. MASON

Mailing Address 3352 OCEAN DR.

City State Zip Code
CRP CHRISTI TX 78411-1457

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14077971

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. HELEN M. MASON

Mailing Address 9629 LANGDON AVE

City State Zip Code
NORTH HILLS CA 91343-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14079285

Amount of Each Receipt this Period
40.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. HELEN M. MASON

Mailing Address 9629 LANGDON AVE

City State Zip Code
NORTH HILLS CA 91343-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102305

Amount of Each Receipt this Period
60.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 300.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 221 / 534
(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)
JERRY L. MASON
Mailing Address 5335 SILVER DR.
City COLORADO SPGS State CO Zip Code 80918-4904
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 ▼ 310.00
Date of Receipt 02 / 17 / 2011
Transaction ID: SA11.14095471
Amount of Each Receipt this Period 210.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
JERRY L. MASON
Mailing Address 5335 SILVER DR.
City COLORADO SPGS State CO Zip Code 80918-4904
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 ▼ 310.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14108214
Amount of Each Receipt this Period 50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES O. MASSEY
Mailing Address 2211 ESTATE GATE DR.
City SAN ANTONIO State TX Zip Code 78260-2213
FEC ID number of contributing federal political committee. **C**
Name of Employer ELCO MANAGEMENT LLC Occupation PRESIDENT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14085274
Amount of Each Receipt this Period 230.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 490.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. LAWRENCE I. MASSERANT

Mailing Address 8475 PORT SUNLIGHT ROAD

City State Zip Code
NEWPORT MI 48166-9106

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14100984

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. LAURA MATEO

Mailing Address 636 G. LONG POINT ROAD, #136

City State Zip Code
MOUNT PLEASANT SC 29464-8216

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105330

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
RANDALL E. MATLOCK

Mailing Address 2935 LONGFORD DR

City State Zip Code
MURFREESBORO TN 37129-5814

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RANDALL MATLOCK & ASSOCIA- ACCOUNTANT
TES PC

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14095737

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

10650.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 223 / 534
(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. JOHN K. MATNEY
Mailing Address 2700 LEE HWY
City BRISTOL State VA Zip Code 24202-5873
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation OWNER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00
Date of Receipt 02 / 10 / 2011
Transaction ID: SA11.14081101
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD MAURER
Mailing Address 2815 LARRANAGA DR
City THE VILLAGES State FL Zip Code 32162-7569
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 ▼ 350.00
Date of Receipt 02 / 09 / 2011
Transaction ID: SA11.14076658
Amount of Each Receipt this Period 200.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD MAURER
Mailing Address 2815 LARRANAGA DR
City THE VILLAGES State FL Zip Code 32162-7569
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 ▼ 350.00
Date of Receipt 02 / 18 / 2011
Transaction ID: SA11.14103034
Amount of Each Receipt this Period 150.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2850.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 224 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. RICHARD MC HUGH

Mailing Address 3421 TRUAX CT

City State Zip Code
EAU CLAIRE WI 54703-6925

FEC ID number of contributing federal political committee. **C**

Name of Employer CHOICE PRODUCTS U S A INC. Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 22 / 2011
Transaction ID: SA11.14101199
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. Nanci MC NEIL

Mailing Address 3060 MARY HELEN LANE

City State Zip Code
SAN JOSE CA 95136-4846

FEC ID number of contributing federal political committee. **C**

Name of Employer STUDENT Occupation STUDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11.14118875
Amount of Each Receipt this Period: 210.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. ANDREW T. MC RAE

Mailing Address PO BOX 20688

City State Zip Code
ST SIMONS ISLAND GA 31522-0288

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 ▼ 300.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11.14112646
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 760.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. MALCOLM D. MCALPINE

Mailing Address P.O. BOX 307

City VALIER State MT Zip Code 59486-0307

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 ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14071718

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN P. MCBRIDE

Mailing Address 308 S 21ST ST

City RICHMOND State IN Zip Code 47374-5736

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 ▼
215.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101091

Amount of Each Receipt this Period
215.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARJORIE J. MCCHESENEY

Mailing Address 27070 KINDLEWOOD LANE

City BONITA SPRINGS State FL Zip Code 34134-4369

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 ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106290

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **675.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 534
(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. CHARLES O. MCCORMICK, MD
Mailing Address 333 MASSCHUSETTS AVE #901
City INDIANAPOLIS State IN Zip Code 46204-2070
FEC ID number of contributing federal political committee. **C**
Name of Employer INDIANA EYE CLINIC Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11.14115661
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HON. JIM MCCRERY
Mailing Address 901 15TH STREET SUITE 500
City WASHINGTON State DC Zip Code 20005-2319
FEC ID number of contributing federal political committee. **C**
Name of Employer CAPITOL COUNSEL Occupation CONSULTANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 24 / 2011
Transaction ID: SA11.14123605
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WALTER J. MCDONALD
Mailing Address P.O. BOX 730
City ARLINGTON HEIGHTS State IL Zip Code 60006-0730
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation CONSULTANT
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 14 / 2011
Transaction ID: SA11.14085477
Amount of Each Receipt this Period 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5750.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 534
(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)
MS. DELORA L. MCENANEY
 Mailing Address 2133 LOU ELLEN LN
 City HOUSTON State TX Zip Code 77018-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEMAC CONCRETE Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00
 Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14084665
 Amount of Each Receipt this Period 410.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. DELORA L. MCENANEY
 Mailing Address 2133 LOU ELLEN LN
 City HOUSTON State TX Zip Code 77018-6010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DEMAC CONCRETE Occupation V.P.
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 660.00
 Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14112479
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JANET D. MCGEE
 Mailing Address 18607 E HIERRO CIR
 City RIO VERDE State AZ Zip Code 85263-5096
 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 ▼ 410.00
 Date of Receipt 02 / 22 / 2011
Transaction ID: SA11.14100929
 Amount of Each Receipt this Period 410.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1070.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 534
(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

A. Full Name (Last, First, Middle Initial)
MARIAN MCGOLDRICK

Mailing Address 3 HAZEL LAKE DR

City State Zip Code
CIMARRON CO 81220-9527

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation INVESTMENTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105683

Amount of Each Receipt this Period 210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. TOMMIE MCGOWIN

Mailing Address 1306 N ALABAMA

City State Zip Code
OKMULGEE OK 74447-7019

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 ▼ 235.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14103085

Amount of Each Receipt this Period 100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. TOMMIE MCGOWIN

Mailing Address 1306 N ALABAMA

City State Zip Code
OKMULGEE OK 74447-7019

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 ▼ 235.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105995

Amount of Each Receipt this Period 35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 345.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 534
(check only one)

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<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

A. Full Name (Last, First, Middle Initial)
DR. SCOTT MCGRAW

Mailing Address 2946 SKYE DR.

City State Zip Code
FAYETTEVILLE NC 28303-5927

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056505

Amount of Each Receipt this Period: 210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TERENCE P. MCILHARGEY

Mailing Address 2055 OAK INDUSTRIAL DR NE

City State Zip Code
GRAND RAPIDS MI 49505-6011

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation MFG. REP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112153

Amount of Each Receipt this Period: 300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. JOHN D. MCINTYRE

Mailing Address 333 LEE DR. APT. G16

City State Zip Code
BATON ROUGE LA 70808-4986

FEC ID number of contributing federal political committee. **C**

Name of Employer STANFORD MEDICAL CLINIC Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105573

Amount of Each Receipt this Period: 210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 720.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 230 / 534
(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. JOSEPH S. MCKELL

Mailing Address 17 OVERLOOK DRIVE
P.O. BOX 328

City CHILLICOTHE State OH Zip Code 45601-1926

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105038

Amount of Each Receipt this Period 250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICKY B. MCKINNERNEY

Mailing Address 100 W. COYOTE TRAIL

City RICHLAND SPRINGS State TX Zip Code 76871-2105

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation REALTOR, FARMER & RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101176

Amount of Each Receipt this Period 400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TONY J. MCKINNIS

Mailing Address 11709 CANTERBURY CT

City LEAWOOD State KS Zip Code 66211-2928

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 ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105755

Amount of Each Receipt this Period 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1150.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 534
(check only one)

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<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JUSTIN J. MCLAUGHLIN

Mailing Address 1969 WINDING OAKS WAY

City State Zip Code
NAPLES FL 34109-1422

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 ▼
275.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111791

Amount of Each Receipt this Period
275.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. DORIS M. MCNAIR

Mailing Address 702 KIRKLAND WAY APT 5

City State Zip Code
KIRKLAND WA 98033-3955

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14062746

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DORIS M. MCNAIR

Mailing Address 702 KIRKLAND WAY APT 5

City State Zip Code
KIRKLAND WA 98033-3955

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110336

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **675.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 534
(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)
CARMEN MCREYNOLDS

Mailing Address 4576 KILARNEY CIR.

City State Zip Code
SANTA ROSA CA 95403-0109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102789

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. KYLE MCSLAWROW

Mailing Address 25 MASSACHUSETTES AVENUE N.W.
SUITE 100

City State Zip Code
WASHINGTON DC 20001-1434

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NCTA PRESIDENT & C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113261

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD MCSWAIN

Mailing Address 1675 BEAVER CREEK DR.

City State Zip Code
BAYFIELD CO 81122-9690

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ULTIMATE SOFTWARE GROUP, INC. CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14064720

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **5600.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 233 / 534
(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. THOMAS MEBERG

Mailing Address 10 WRIGHT PL

City State Zip Code
CRESSKILL NJ 07626-1032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CONSOLIDATED CARPET LLC CARPET CONTRACTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14086794

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TOM B. MEDDERS, III

Mailing Address 4245 KEMP BLVD.
SUITE 904

City State Zip Code
WICHITA FALLS TX 76308-2828

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14060745

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KANDY MEEHAN

Mailing Address 13104 PAWNEE

City State Zip Code
LEAWOOD KS 66209-4102

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOME RENTAL SERVICES SMALL BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097235

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1430.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 534
(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

A.

Full Name (Last, First, Middle Initial)
RICHARD J. MEHRING

Mailing Address 33788 WALNUT GROVE DR UNIT 1

City State Zip Code
LEWES DE 19958-4693

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066202

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. IRENE MELIS

Mailing Address 1108 SKYTOP CIR.

City State Zip Code
CHARLESTON WV 25314-2222

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111948

Amount of Each Receipt this Period
410.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JOHN T. MILLER

Mailing Address 11330 HARBOR BREEZE DR.

City State Zip Code
MONTGOMERY TX 77356-4976

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14071655

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **830.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 235 / 534
(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)
MS. PATRICIA MILLER

Mailing Address 1018 BRUSH ROAD NE

City State Zip Code
MINERVA OH 44657-9755

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117528

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. VIRGIE MILLER

Mailing Address 4895 CONVAIR DRIVE

City State Zip Code
CARSON CITY NV 89706-0492

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14081638

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ALLEN MITCHEK

Mailing Address P.O. BOX 512

City State Zip Code
STERLING CO 80751-0512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14115230

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31050.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 236 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JOSEPH MOCK

Mailing Address 1450 LAURELTON COURT

City State Zip Code
CHAMBERSBURG PA 17201-4058

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114883

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STUART MOILES

Mailing Address 11120 WURZBACH ROAD
STE 203

City State Zip Code
SAN ANTONIO TX 78230-2428

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PITT SW INVESTMENT ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14073384

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SUSAN MONATH

Mailing Address 2001 KOOKUK ST APT 4

City State Zip Code
IOWA CITY IA 52240-4430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE NONE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103647

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ 660.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 534
(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. CARLYLE N. MONTANYE, JR.
Mailing Address P.O. BOX 14

City State Zip Code
GLYNDON MD 21071-0014

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14096320
Amount of Each Receipt this Period
300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK D. MONTAGUE, JR.
Mailing Address P.O. BOX 1975

City State Zip Code
HATTIESBURG MS 39403-1975

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MONTAGUE PITTMAN AND VARN-ADO ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14081311
Amount of Each Receipt this Period
105.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. NEREIDA A. MONTEJO
Mailing Address 10061 SW 72ND ST

City State Zip Code
MIAMI FL 33173-4623

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NEW PHARMACY DISCOUNT COR-P. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14097032
Amount of Each Receipt this Period
150.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **555.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JAMES F. MOONEY, JR.
Mailing Address 220 BOYLSTON ST.
City BOSTON State MA Zip Code 02116
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11.14084824
Amount of Each Receipt this Period: 575.00
CONTRIBUTION

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS
Aggregate Year-to-Date: 575.00

Receipt For:
 Primary General
 Other (specify) ▼

B. Full Name (Last, First, Middle Initial)
MR. CLARENCE C. MOORE
Mailing Address 437 BOSQUE CIR
City BLYTHEWOOD State SC Zip Code 29016-7927
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 02 / 01 / 2011
Transaction ID: SA11.14056327
Amount of Each Receipt this Period: 110.00
CONTRIBUTION

Name of Employer RETIRED
Occupation RETIRED
Aggregate Year-to-Date: 225.00

Receipt For:
 Primary General
 Other (specify) ▼

C. Full Name (Last, First, Middle Initial)
MR. CLARENCE C. MOORE
Mailing Address 437 BOSQUE CIR
City BLYTHEWOOD State SC Zip Code 29016-7927
FEC ID number of contributing federal political committee. **C**

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11.14089422
Amount of Each Receipt this Period: 115.00
CONTRIBUTION

Name of Employer RETIRED
Occupation RETIRED
Aggregate Year-to-Date: 225.00

Receipt For:
 Primary General
 Other (specify) ▼

SUBTOTAL of Receipts This Page (optional) ► 800.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. ROBERT H. MOORE

Mailing Address P.O. BOX 1848

City State Zip Code
RENO NV 89505-1848

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113416

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SONDRAL. MOORE

Mailing Address 204 CRISTINA DR

City State Zip Code
GUTHRIE OK 73044-7720

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117287

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
TIFFANY MOORE

Mailing Address 417 QUACKENBOS STREET, NW

City State Zip Code
WASHINGTON DC 20011-1307

FEC ID number of contributing federal political committee. **C**

Name of Employer VENABLE LLP Occupation SENIOR LEGISLATIVE ADVISOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14142964

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **935.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(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)
BEVERLY A. MORAN

Mailing Address 11957 OAK SHADOW DR

City State Zip Code
BATON ROUGE LA 70810-1807

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
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14117907

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ISMAEL MORAN

Mailing Address 2301 SW GREENBRIAR SQ

City State Zip Code
MCALLEN TX 78503-1222

FEC ID number of contributing federal political committee. **C**

Name of Employer JPMORGAN CHASE
Occupation VP/FINANCIAL ADVISOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068079

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JANET MORAN

Mailing Address 15 GINNEY CT.

City State Zip Code
DANVILLE CA 94526-4304

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 ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076303

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **735.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 241 / 534
(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. PETER K. MORAN

Mailing Address 78 TROON WAY

City State Zip Code
MASHPEE MA 02649-4144

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056339

Amount of Each Receipt this Period
220.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK C. MORGAN

Mailing Address 531 VIEWRIDGE DR

City State Zip Code
ANGWIN CA 94508-9639

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SCRIPTS ENTERPRISES SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076124

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN D. MORGRIDGE

Mailing Address 4242 E AMHERST AVE

City State Zip Code
DENVER CO 80222-6702

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 610.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104537

Amount of Each Receipt this Period
610.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1040.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 242 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MS. ELIZABETH A. MORRA

Mailing Address 6219 POINDEXTER LANE

City State Zip Code
ROCKVILLE MD 20852-3642

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PODESTA MATTOON PRINCIPAL

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14066522

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DOLPHUS MORRISON

Mailing Address 5304 THORNBROOK PKWY

City State Zip Code
COLUMBIA MO 65203-9745

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 520.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056176

Amount of Each Receipt this Period
520.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WILLIAM S. MORTENSEN

Mailing Address 559 ALMOLOYA DR

City State Zip Code
PACIFIC PLSDS CA 90272-4426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 525.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14084910

Amount of Each Receipt this Period
525.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2045.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 534
(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)
MS. EUNICE FLORENCE MOSHER

Mailing Address 9414 W CHINO DR

City PEORIA State AZ Zip Code 85382-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation FREELANCE WRITER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11.14086364
Amount of Each Receipt this Period: 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. EUNICE FLORENCE MOSHER

Mailing Address 9414 W CHINO DR

City PEORIA State AZ Zip Code 85382-2217

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation FREELANCE WRITER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11.14116244
Amount of Each Receipt this Period: 40.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GERMANO L. MULARONI

Mailing Address 26212 GRAHAM RD.

City REDFORD State MI Zip Code 48239-3109

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PROPERTY MGT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11.14083509
Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 390.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. ROBERT D. MUNRO	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 2500 E 12TH ST.	Transaction ID: SA11.14068255
	City State Zip Code THE DALLES OR 97058-4014	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MR. JEREMIAH MURPHY	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address P.O. BOX 1535	Transaction ID: SA11.14090765
	City State Zip Code SIOUX FALLS SD 57101-1535	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer MURPHY, GOLDAMMER & PRENDERGAST, LLP Occupation LAWYER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) MR. JOE P. MURPHY	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 519 BLACKJACK OAK	Transaction ID: SA11.14105329
	City State Zip Code SHAVANO PARK TX 78230-5637	Amount of Each Receipt this Period 10000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation SALES Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional)	10510.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(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. THOMAS A. MURPHY

Mailing Address 3902 W. 41ST STREET

City State Zip Code
SIOUX FALLS SD 57106-0715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHELL REALTORS REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14123602

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. SHANNON N. MURRAY

Mailing Address 5134 SHOREGATE DR.

City State Zip Code
GARLAND TX 75043-4234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MEDICAL CITY DALLAS LIMITED OFFICE WORKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085235

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DENNIS MUSIAL

Mailing Address 5521 W 110TH ST STE 6

City State Zip Code
OAK LAWN IL 60453-2376

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GENERAL MACHINING SERVICE INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085267

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **960.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 246 / 534
(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)
RAYMOND MYERS

Mailing Address 2005 E ORANGE ST.

City State Zip Code
TEMPE AZ 85281-4812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14074764

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
RAYMOND MYERS

Mailing Address 2005 E ORANGE ST.

City State Zip Code
TEMPE AZ 85281-4812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102750

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RAYMOND MYERS

Mailing Address 2005 E ORANGE ST.

City State Zip Code
TEMPE AZ 85281-4812

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106724

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 275.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 534
(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. HANS NAGEL

Mailing Address 6432 BUSCH DR

City State Zip Code
MALIBU CA 90265-3839

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14091106

Amount of Each Receipt this Period
110.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LINDA A. NALL

Mailing Address 8609 GROVER PLACE

City State Zip Code
SHREVEPORT LA 71115-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LSU HEALTH SCIENCE CENTER PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068497

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ARUN P. NARANG

Mailing Address 23689 W PETITE LAKE RD

City State Zip Code
LAKE VILLA IL 60046-7298

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE CROSS BLUE SHIELD INFO TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097826

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1310.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. ARUN P. NARANG

Mailing Address 23689 W PETITE LAKE RD

City State Zip Code
LAKE VILLA IL 60046-7298

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BLUE CROSS BLUE SHIELD INFO TECH

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105325

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HANS NEUMAIER

Mailing Address 31 WOODBURY PL

City State Zip Code
ROCHESTER NY 14618-3440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101192

Amount of Each Receipt this Period
310.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
THOMAS NIPPER

Mailing Address 134 TRADD ST.

City State Zip Code
CHARLESTON SC 29401-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085074

Amount of Each Receipt this Period
410.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **820.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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 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. STEPHEN J. NORTHRUP

Mailing Address 5235 ELLIOTT ROAD

City State Zip Code
BETHESDA MD 20816-2910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PODESTA GROUP PRINCIPAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14066521

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. TEO NOWAKOWSKI

Mailing Address 1342 HARVARD RD

City State Zip Code
GROSSE POINTE MI 48230-1134

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14100891

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. TERESA E. NUGENT

Mailing Address 930 MONTGOMERY AVE APT. 504

City State Zip Code
BRYN MAWR PA 19010-3041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068570

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 250 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MRS. JACQUELINE A. O' BRIEN		Date of Receipt
	Mailing Address 3257 S NEWCOMBE ST		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DENVER	CO	80227-5688
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14114934
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="210.00"/>
		<input type="text" value="210.00"/>	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. DAVID T. OCHS		Date of Receipt
	Mailing Address 104 E WATER ST		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	PONTIAC	IL	61764-1908
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14063501
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="210.00"/>
		<input type="text" value="210.00"/>	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) DENNY R. OLIVIER		Date of Receipt
	Mailing Address 6209 FUSHSIMI CT.		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	BURKE	VA	22015-3451
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14106287
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="220.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="520.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 251 / 534
(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. DAVID J. OLSEN

Mailing Address 300 BRYANT LN.

City State Zip Code
WOODBURY TN 37190-1630

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: SA11.14101675

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. HOWARD H. OLSON

Mailing Address 609 BRISTOL PL.

City State Zip Code
MURRELLS INLT SC 29576-7550

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14106823

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROLLANCE E. OLSON

Mailing Address 2147 DALE AVE., SE

City State Zip Code
ROANOKE VA 24013-2135

FEC ID number of contributing federal political committee. **C**

Name of Employer PARTS DEPOT, INC. Occupation EXECUTIVE

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: SA11.14105373

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **700.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MARIE ORIOLI

Mailing Address 6320 MAIN BAYVIEW ROAD

City SOUTHOLD State NY Zip Code 11971-4838

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 ▼ 210.00

Date of Receipt: 02 / 22 / 2011
Transaction ID: SA11.14101132
Amount of Each Receipt this Period: 210.00
CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. BERNICE PADILLA

Mailing Address 515 N BROADMOOR AVE

City WICHITA State KS Zip Code 67206-1601

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 ▼ 210.00

Date of Receipt: 02 / 10 / 2011
Transaction ID: SA11.14079686
Amount of Each Receipt this Period: 105.00
CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BERNICE PADILLA

Mailing Address 515 N BROADMOOR AVE

City WICHITA State KS Zip Code 67206-1601

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 ▼ 210.00

Date of Receipt: 02 / 17 / 2011
Transaction ID: SA11.14099812
Amount of Each Receipt this Period: 105.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **420.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 253 / 534
(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. KENNETH P. PALMERO

Mailing Address P.O. BOX 4041

City State Zip Code
MONROE CT 06468-4041

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PRESIDENT

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	1

Transaction ID: SA11.14091113

Amount of Each Receipt this Period
1210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LOUIS PANAS

Mailing Address 28 TOTMAN RD.

City State Zip Code
DRACUT MA 01826-4345

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	1	1

Transaction ID: SA11.14062143

Amount of Each Receipt this Period
120.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LOUIS PANAS

Mailing Address 28 TOTMAN RD.

City State Zip Code
DRACUT MA 01826-4345

FEC ID number of contributing federal political committee. **C**

Name of Employer RETIRED Occupation RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	1	1

Transaction ID: SA11.14088823

Amount of Each Receipt this Period
120.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 534
(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. JACK PARKER

Mailing Address P.O. BOX 2709

City State Zip Code
CAREFREE AZ 85377-2709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14074388

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. PETER L. PASSERO

Mailing Address 11108 POTOMAC VIEW DR.

City State Zip Code
POTOMAC MD 20854-1363

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14063890

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENT D. PATTERSON

Mailing Address PO BOX 242225

City State Zip Code
ANCHORAGE AK 99524-2225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097313

Amount of Each Receipt this Period
280.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1030.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 534
(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. PETER F. PATTERSON

Mailing Address 10500 ACADEMY ROAD NE APT 337

City State Zip Code
ALBUQUERQUE NM 87111-7326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 505.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14082929

Amount of Each Receipt this Period
505.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. DEAN PAULES

Mailing Address 102 LYN CIR

City State Zip Code
YORK PA 17403-4748

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104564

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MERRICK D. PAYNE

Mailing Address P.O. BOX 1749

City State Zip Code
MIDLAND TX 79702-1749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
POLARIS PRODUCTION CORP PETROLEUM ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056157

Amount of Each Receipt this Period
220.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 975.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 256 / 534
(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. STEVEN D. PEDRO

Mailing Address 7833 OAKMONT BLVD

City State Zip Code
FORT WORTH TX 76132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068354

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE F. PEEK

Mailing Address 9345 LEMMON DR

City State Zip Code
RENO NV 89506-9070

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
VALLEY REALTY INVESTMENTS REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112486

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LARRY PENTIUK

Mailing Address 11889 LORENZ WAY

City State Zip Code
PLYMOUTH MI 48170-3517

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
NONE RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113598

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **920.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 534
(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

<p>A. Full Name (Last, First, Middle Initial) JOSEPH F. PERITO</p> <p>Mailing Address 416 APPLE RIVER DR</p> <p>City State Zip Code NAPERVILLE IL 60565-6300</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 18 / 2011</p> <p>Transaction ID: SA11.14103077</p> <p>Amount of Each Receipt this Period 150.00</p> <p>CONTRIBUTION</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) MRS. DOYLENE PERRY</p> <p>Mailing Address P.O. BOX 34153</p> <p>City State Zip Code HOUSTON TX 77234-4153</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 30400.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 08 / 2011</p> <p>Transaction ID: SA11.14072488</p> <p>Amount of Each Receipt this Period 30400.00</p> <p>CONTRIBUTION</p>
--	--

<p>C. Full Name (Last, First, Middle Initial) MS. BETTY D. PETERSON</p> <p>Mailing Address 7972 DANTE DR</p> <p>City State Zip Code LITTLETON CO 80125-1823</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 02 / 25 / 2011</p> <p>Transaction ID: SA11.14115168</p> <p>Amount of Each Receipt this Period 500.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	31050.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. EDWIN R. PETERSON	Date of Receipt MM / DD / YYYY 02 / 17 / 2011
	Mailing Address 5133 PARK EDGE DR	Transaction ID: SA11.14099535
	City State Zip Code HONOR MI 49640-9421	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MS. HELEN L. PETERSON	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 509 MISSOURI ST	Transaction ID: SA11.14076838
	City State Zip Code SAN FRANCISCO CA 94107-2836	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
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 ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) YINGYOT PHATHANABONT	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 7440 SYLVIA AVE	Transaction ID: SA11.14118076
	City State Zip Code RESEDA CA 91335-2556	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	560.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 259 / 534
(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)
DAVID PHILLIPS

Mailing Address 9052 GREAT HERON CIR.

City State Zip Code
ORLANDO FL 32836-5483

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 ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11.14068877

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE W. PHILLIPS

Mailing Address 90 WESTPORT DR.

City State Zip Code
TOMS RIVER NJ 08757-6382

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 ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	1

Transaction ID: SA11.14073220

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE W. PHILLIPS

Mailing Address 90 WESTPORT DR.

City State Zip Code
TOMS RIVER NJ 08757-6382

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 ▼
225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11.14118405

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 260 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. BRADLY A. PICHE

Mailing Address 7940 W SILVERLEAF LN

City State Zip Code
DUNNELLON FL 34433-6327

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 ▼
210.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14060712

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. SAMUEL W. PICKARD

Mailing Address 10792 WILKINSON AVE

City State Zip Code
CUPERTINO CA 95014-4732

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100286

Amount of Each Receipt this Period
50.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SAMUEL W. PICKARD

Mailing Address 10792 WILKINSON AVE

City State Zip Code
CUPERTINO CA 95014-4732

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107877

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **510.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 534
(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

A.	Full Name (Last, First, Middle Initial) MRS. CHERYL PINE		Date of Receipt MM / DD / YYYY 02 / 03 / 2011	
	Mailing Address 19 SCOTT CIR		Transaction ID: SA11.14065289	
	City	State	Zip Code	Amount of Each Receipt this Period
	PURCHASE	NY	10577-1905	250.00
	FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer HOMEMAKER		Occupation HOMEMAKER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

B.	Full Name (Last, First, Middle Initial) GUY PINKERTON		Date of Receipt MM / DD / YYYY 02 / 28 / 2011	
	Mailing Address 514 NE 97TH		Transaction ID: SA11.14113318	
	City	State	Zip Code	Amount of Each Receipt this Period
	SEATTLE	WA	98115-2104	250.00
	FEC ID number of contributing federal political committee. C		CONTRIBUTION	
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		

C.	Full Name (Last, First, Middle Initial) FRANK PINTOZZI		Date of Receipt MM / DD / YYYY 02 / 02 / 2011	
	Mailing Address 6041 TURNER HILL ROAD		Transaction ID: SA11.14060800	
	City	State	Zip Code	Amount of Each Receipt this Period
	WOODSTOCK	GA	30188-1921	210.00
	FEC ID number of contributing federal political committee. C		CONTRIBUTION	
Name of Employer AMERICAN		Occupation PUBLISHER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00		

SUBTOTAL of Receipts This Page (optional)	710.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 262 / 534
(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)
MS. RUTH PIPKIN

Mailing Address 1051 SITE DRIVE SPC #276

City State Zip Code
BREA CA 92821-2130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED 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 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14104375

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RICHARD PISONI

Mailing Address 630 INDIAN HILL DR.

City State Zip Code
HERRIN IL 62948-4325

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14104476

Amount of Each Receipt this Period
110.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. CHARLES W. PITTMAN

Mailing Address 1508 AVENUE E NE

City State Zip Code
WINTER HAVEN FL 33881-4343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14089126

Amount of Each Receipt this Period
600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1710.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 263 / 534
(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)
MS. JOAN P. PLANTE

Mailing Address GENERAL DELIVERY

City State Zip Code
SARATOGA SPRINGS NY 12866-9999

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US DEPT. OF AGRICULTURE APPS. EXAMINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14075400

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. JOAN P. PLANTE

Mailing Address GENERAL DELIVERY

City State Zip Code
SARATOGA SPRINGS NY 12866-9999

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
US DEPT. OF AGRICULTURE APPS. EXAMINER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 435.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14115588

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. NEIL L. POBANZ

Mailing Address PO BOX 32

City State Zip Code
LACON IL 61540-0032

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LACON AERO SERVICE OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076132

Amount of Each Receipt this Period
205.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **505.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 264 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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

A.	Full Name (Last, First, Middle Initial) MR. DANIEL T. POLATIS		Date of Receipt
	Mailing Address 131 S 1075 W		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 15 / 2011
	City	State	Zip Code
	BLACKFOOT	ID	83221-6016
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer SELF-EMPLOYED		Occupation OWNER	Transaction ID: SA11.14085223
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. WALT POLING		Date of Receipt
	Mailing Address P.O. BOX 130		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 25 / 2011
	City	State	Zip Code
	FRITCH	TX	79036-0130
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.14115076
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 500.00
		<input type="text"/> 500.00	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. ROBERT M. POWELL, JR.		Date of Receipt
	Mailing Address 32 BANCROFT ROAD		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 02 / 08 / 2011
	City	State	Zip Code
	ANDOVER	MA	01810-4120
	FEC ID number of contributing federal political committee.		C <input type="text"/>
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Transaction ID: SA11.14068551
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period <input type="text"/> 1000.00
		<input type="text"/> 1000.00	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2000.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 265 / 534
(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)
MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City REXFORD State NY Zip Code 12148-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 02 / 07 / 2011

Transaction ID: SA11.14070060

Amount of Each Receipt this Period 530.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARY E. PREDEL

Mailing Address 59 GARNSEY ROAD

City REXFORD State NY Zip Code 12148-1205

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1090.00

Date of Receipt 02 / 17 / 2011

Transaction ID: SA11.14098071

Amount of Each Receipt this Period 560.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
G. B. PRICE, JR.

Mailing Address 4970 TAIT RD

City DAYTON State OH Zip Code 45429-1140

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 ▼ 525.00

Date of Receipt 02 / 11 / 2011

Transaction ID: SA11.14077912

Amount of Each Receipt this Period 525.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1615.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 266 / 534
(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. CAROL PRIKKEL

Mailing Address 2952 ENSLEY AVE

City State Zip Code
DAYTON OH 45414-5418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110559

Amount of Each Receipt this Period
400.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JACK PRITCHARD

Mailing Address 1004 HOLLIDAY ST.

City State Zip Code
PLAINVIEW TX 79072-6044

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14104972

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JOHN G. PURTYMUN

Mailing Address 515 E 7TH ST APT H

City State Zip Code
EL DORADO AR 71730-4071

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EL DORADO WATER UTILITIES IT SPECIALIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14063845

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 660.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 534
(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)
JOHN G. PURTYMUN
Mailing Address 515 E 7TH ST APT H
City EL DORADO State AR Zip Code 71730-4071
FEC ID number of contributing federal political committee. **C**
Name of Employer EL DORADO WATER UTILITIES Occupation IT SPECIALIST
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14085440
Amount of Each Receipt this Period 200.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LENORA PUSTA
Mailing Address 138 W SUNFLOWER DR.
City PAYSON State AZ Zip Code 85541-6152
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 ▼ 1511.00
Date of Receipt 02 / 04 / 2011
Transaction ID: SA11.14066901
Amount of Each Receipt this Period 810.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LENORA PUSTA
Mailing Address 138 W SUNFLOWER DR.
City PAYSON State AZ Zip Code 85541-6152
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 ▼ 1511.00
Date of Receipt 02 / 22 / 2011
Transaction ID: SA11.14101088
Amount of Each Receipt this Period 700.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1710.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 268 / 534
(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. JAMES L. PUTT

Mailing Address 28861 CAVELL TER.

City State Zip Code
NAPLES FL 34119-0908

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER BEST EFFORTS

Occupation
EXECUTIVE

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	1	/	2	0	1	1

Transaction ID: SA11.14083595

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
ANNE QUADES

Mailing Address 119 BONITA PL

City State Zip Code
ORMOND BEACH FL 32174-4903

FEC ID number of contributing federal political committee. **C**

Name of Employer
LEVIMAN SERVICES

Occupation
ACCOUNT MANAGER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	6	/	2	0	1	1

Transaction ID: SA11.03678918

Amount of Each Receipt this Period
350.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
ELLEN QUADES

Mailing Address 21 NORTHGATE DR

City State Zip Code
ALBANY NY 12203-5101

FEC ID number of contributing federal political committee. **C**

Name of Employer
MILLER ASSOCIATES

Occupation
ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	1	1

Transaction ID: SA11.03678912

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 269 / 534
(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)
MS. ALANA QUINN

Mailing Address 8580 MAJORCA LN

City State Zip Code
NAPLES FL 34114-6435

FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066363

Amount of Each Receipt this Period
210.00

CONTRIBUTION

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

B. Full Name (Last, First, Middle Initial)
DENNIS D. QUINNELL

Mailing Address 2021 WISCONSIN ST

City State Zip Code
FRIENDSHIP WI 53934-8803

FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068185

Amount of Each Receipt this Period
210.00

CONTRIBUTION

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

C. Full Name (Last, First, Middle Initial)
MR. RICHARD V. QUINN

Mailing Address 9916 KENDALE ROAD

City State Zip Code
POTOMAC MD 20854-4254

FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14077969

Amount of Each Receipt this Period
270.00

CONTRIBUTION

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS
Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

SUBTOTAL of Receipts This Page (optional) ► **690.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 534
(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

A. Full Name (Last, First, Middle Initial)
MRS. PAMELA M. RABE

Mailing Address 116 BLUFF PARK CIRCLE

City State Zip Code
WEST LAKE HILLS TX 78746-4300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11.14072118
Amount of Each Receipt this Period: 300.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JERRY RADACH

Mailing Address 5223 RIDGEVIEW DR LOOP NE

City State Zip Code
MOSES LAKE WA 98837-8519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11.14077783
Amount of Each Receipt this Period: 240.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK J. RAFFANIELLO

Mailing Address 1161 OLD GATE COURT

City State Zip Code
MC LEAN VA 22102-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11.14072509
Amount of Each Receipt this Period: 3000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3540.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 271 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. PATRICK J. RAFFANIELLO

Mailing Address 1161 OLD GATE COURT

City State Zip Code
MC LEAN VA 22102-2532

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 15000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112446

Amount of Each Receipt this Period
12000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
J. DWIGHT RAGSDALE

Mailing Address 1115 CLAYLICK ROAD

City State Zip Code
WHITE BLUFF TN 37187-4519

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14069945

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. GAIL A. RAMIREZ

Mailing Address 11001 N TAYLOR RD

City State Zip Code
MCALLEN TX 78504-9794

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14100924

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12410.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 272 / 534
(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)
JOHN RAMMING
Mailing Address 3413 VINTAGE DR
City ROUND ROCK State TX Zip Code 78664-7902
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation CONSTRUCTOR
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 610.00
Date of Receipt 02 / 16 / 2011
Transaction ID: SA11.14091186
Amount of Each Receipt this Period 610.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MIKE RANDEL
Mailing Address 5500 NORTH ST
City NACOGDOCHES State TX Zip Code 75965-1372
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 ▼ 500.00
Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14111817
Amount of Each Receipt this Period 500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MARVIN G. RASMUSSEN
Mailing Address P.O. BOX 97
City DELTA JCT State AK Zip Code 99737-0097
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 ▼ 210.00
Date of Receipt 02 / 28 / 2011
Transaction ID: SA11.14112783
Amount of Each Receipt this Period 210.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1320.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MRS. GARY RATHBURN

Mailing Address 6010 E 117TH ST

City State Zip Code
TULSA OK 74137-8514

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14063555

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOEL S. RATNER

Mailing Address 11586 PIERSON RD

City State Zip Code
WELLINGTON FL 33414

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CHIEF EXECUTIVE OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14084643

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. FRED A. RAUCH

Mailing Address 17623 AILANTHUS DR

City State Zip Code
CHESTERFIELD MO 63005-4284

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14063447

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1410.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 / 534
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. FRED A. RAUCH	Date of Receipt MM / DD / YYYY 02 / 18 / 2011
	Mailing Address 17623 AILANTHUS DR	Transaction ID: SA11.14102741
	City State Zip Code CHESTERFIELD MO 63005-4284	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.	Full Name (Last, First, Middle Initial) ROBERT RAWLINGS	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 1401 RANCHO DEL SOL	Transaction ID: SA11.14117342
	City State Zip Code PUEBLO CO 81008-2043	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

C.	Full Name (Last, First, Middle Initial) MR. CHARLEY RAY	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address P.O. BOX 416	Transaction ID: SA11.14101746
	City State Zip Code CONWAY SC 29528-0416	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED REALTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 275 / 534
(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

A.

Full Name (Last, First, Middle Initial)
LEWIS RAY

Mailing Address 1201 TREY CT SW

City State Zip Code
MARIETTA GA 30064-5321

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
210.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14084708

Amount of Each Receipt this Period

210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. CLIFFORD M. RICCIO, JR.

Mailing Address 2402A S. WALTER REED DRIVE

City State Zip Code
ARLINGTON VA 22206-1150

FEC ID number of contributing federal political committee. **C**

Name of Employer
NAT. CABLE, TELECOM. ASSO-
C.

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

VP GOVT. RELATIONS

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14113263

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DONALD B. RICE

Mailing Address 10126 EMPYREAN WAY NO 103

City State Zip Code
LOS ANGELES CA 90067-3802

FEC ID number of contributing federal political committee. **C**

Name of Employer
AGENSYS, INC.

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

BUSINESS EXECUTIVE

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14106270

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

4210.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 534
(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

A.

Full Name (Last, First, Middle Initial)
JUDITH K. RICE

Mailing Address 679 RIVER RD.

City State Zip Code
MONTGOMERY TX 77356-5552

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14085215

Amount of Each Receipt this Period

230.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DAVID B. RICHARD

Mailing Address 82 BIRCH AVENUE

City State Zip Code
CORTE MADERA CA 94925-1053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14089015

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. DAVID B. RICHARD

Mailing Address 82 BIRCH AVENUE

City State Zip Code
CORTE MADERA CA 94925-1053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 205.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105702

Amount of Each Receipt this Period

105.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

435.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 277 / 534
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. JAMES D. RICHARDS

Mailing Address 6438 NOBLE DRIVE

City State Zip Code
MCLEAN VA 22101-5263

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CORNERSTONE GOV. AFFAIRS, LLC VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14085471

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN RICHARDS

Mailing Address 940 PARK AVE.

City State Zip Code
NEW YORK NY 10028-0311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072306

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ROBERTA K. RIDDELL

Mailing Address 115 HOLLY ST

City State Zip Code
CONNERSVILLE IN 47331-3334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068569

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **6210.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 278 / 534
(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

A. Full Name (Last, First, Middle Initial)
MS. ROBERTA K. RIDDELL

Mailing Address 115 HOLLY ST

City State Zip Code
CONNERSVILLE IN 47331-3334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14087494

Amount of Each Receipt this Period
60.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ROBERTA K. RIDDELL

Mailing Address 115 HOLLY ST

City State Zip Code
CONNERSVILLE IN 47331-3334

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1085.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107751

Amount of Each Receipt this Period
25.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
WILLIAM RILEY

Mailing Address 2707 13TH ST PL SW

City State Zip Code
PUYALLUP WA 98373-6041

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GATEWAY REAL ESTATE REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14115665

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 585.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 534
(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. SHEILA J. RITSCH

Mailing Address 805 SAVANNAH WAY

City State Zip Code
PARADISE CA 95969-5860

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14115149

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BRADLEY K. RIXMANN

Mailing Address 181 RIVER RIDGE CIRCLE SOUTH

City State Zip Code
BURNSVILLE MN 55337-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAWN AMERICA OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14123624

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRADLEY K. RIXMANN

Mailing Address 181 RIVER RIDGE CIRCLE SOUTH

City State Zip Code
BURNSVILLE MN 55337-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAWN AMERICA OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14123625

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 15500.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 280 / 534
(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. BRADLEY K. RIXMANN

Mailing Address 181 RIVER RIDGE CIRCLE SOUTH

City State Zip Code
BURNSVILLE MN 55337-1627

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PAWN AMERICA OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14123626

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. J. STEPHEN RIZLEY

Mailing Address 24200 NORTH ALMA SCHOOL ROAD
LOT 20

City State Zip Code
SCOTTSDALE AZ 85255-3002

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
COX COMMUNICATIONS SENIOR VP/GENERAL MGR. AZ

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113262

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
RITA E. ROBBINS

Mailing Address 1615 S CLARK RD

City State Zip Code
MARKLE IN 46770-9072

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104526

Amount of Each Receipt this Period
55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 16055.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 281 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. STEVEN G. ROBBINS

Mailing Address 719 STATE HIGHWAY 15 N

City State Zip Code
NEW ALBANY MS 38652-9509

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MORRIS RECYCLING INC C.F.O.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14084969

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. RICHARD D. ROBERTS

Mailing Address 1109 S BAY SHORE DR.

City State Zip Code
VIRGINIA BCH VA 23451-3807

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED 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 / 2 3 / 2 0 1 1

Transaction ID: SA11.14106294

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
JOHN F. ROBYT

Mailing Address 5601 VALLEY ROAD

City State Zip Code
AMES IA 50014-9451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IOWA STATE UNIVERSITY PROFESSOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11.14098008

Amount of Each Receipt this Period

260.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1010.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. ISRAEL M. RODRIGUEZ

Mailing Address P.O. BOX 4383

City State Zip Code
SALINAS CA 93912-4383

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JR CUSTOM HARVEST CO INC PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106890

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
LAWRENCE ROEL

Mailing Address 131 CRAGMOOR DR.

City State Zip Code
ROEBUCK SC 29376-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14074807

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAWRENCE ROEL

Mailing Address 131 CRAGMOOR DR.

City State Zip Code
ROEBUCK SC 29376-3508

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 16 / 2011

Transaction ID: SA11.14095565

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 550.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 283 / 534
(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. ERNEST M. ROGERS

Mailing Address P.O. BOX 162

City State Zip Code
PIKEVILLE KY 41502-0162

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	1	1

Transaction ID: SA11.14094586

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. CONNIE S. ROMAIN

Mailing Address 10500 WILMINGTON DRIVE

City State Zip Code
EVANSVILLE IN 47725-9023

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 ▼
30400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	1

Transaction ID: SA11.14085461

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BLAKE M. RONEY

Mailing Address 3187 N. FOOTHILL

City State Zip Code
PROVO UT 84604-4882

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 ▼
25000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.14112448

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **55610.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 284 / 534
(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

A. Full Name (Last, First, Middle Initial)
MRS. NANCY RONEY

Mailing Address 3187 N. FOOTHILL

City State Zip Code
PROVO UT 84604-4882

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14112450

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. TERRY ROOKS

Mailing Address 6627 BUTTONBUSH CT

City State Zip Code
LAKEWOOD RANCH FL 34202-1804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
METHODFACTORY CHIEF TECHNOLOGY OFFICER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14094829

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PATRICK J. ROONEY

Mailing Address 1111 NORTH CONGRESS AVENUE

City State Zip Code
WEST PALM BEACH FL 33409-6317

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROONEY ENTERPRISES PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14104844

Amount of Each Receipt this Period
25000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **50100.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 285 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MARJORIE J. ROSE	Date of Receipt MM / DD / YYYY 02 / 14 / 2011
	Mailing Address 327 N OLD WOODWARD AVE UNIT 409	Transaction ID: SA11.14086083
	City State Zip Code BIRMINGHAM MI 48009-5338	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 240.00

B.	Full Name (Last, First, Middle Initial) MR. JOHN ROSLING	Date of Receipt MM / DD / YYYY 02 / 07 / 2011
	Mailing Address 48785 VIA LINDA	Transaction ID: SA11.14066364
	City State Zip Code LA QUINTA CA 92253-2574	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

C.	Full Name (Last, First, Middle Initial) MR. PETER L. ROTH	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 16006 POOL CANYON RD	Transaction ID: SA11.14104937
	City State Zip Code AUSTIN TX 78734-1312	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer ASIA SOURCING		Occupation OWNER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

SUBTOTAL of Receipts This Page (optional)	▶	690.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 286 / 534
(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)
MRS. GLADYS B. ROTHGEB

Mailing Address 502 GENTRY DRIVE

City State Zip Code
GORDONSVILLE VA 22942-9112

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE Occupation RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14109622

Amount of Each Receipt this Period: 210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD T. ROUNDTREE

Mailing Address 210 TRACE COLONY PARK DRIVE

City State Zip Code
RIDGELAND MS 39157

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1125.00

Date of Receipt: MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14087345

Amount of Each Receipt this Period: 375.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. W W. ROUNDS

Mailing Address 122 96TH. AVE W

City State Zip Code
DULUTH MN 55808-2105

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 ▼ 300.00

Date of Receipt: MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14093472

Amount of Each Receipt this Period: 150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **735.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 287 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. W W. ROUNDS

Mailing Address 122 96TH. AVE W

City State Zip Code
DULUTH MN 55808-2105

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102776

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. DONALD ROUSE

Mailing Address 215 OUISKI BAYOU DR.

City State Zip Code
HOUMA LA 70360-7967

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 315.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11.14063971

Amount of Each Receipt this Period

315.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. DEBRA A. ROWAND

Mailing Address 13106 SE 240TH ST
STE 106

City State Zip Code
KENT WA 98031-9212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11.14063070

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

615.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 534
(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. DAVID C. ROWE

Mailing Address 12330 DANCLIFF TRCE

City State Zip Code
ALPHARETTA GA 30009-8710

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14099379

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MYRON D. ROWLAND

Mailing Address 1000 ROYAL MARCO WAY UNIT 6

City State Zip Code
MARCO ISLAND FL 34145-1835

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111946

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. LEE M. ROYALL

Mailing Address 1012 MYSTIC DR

City State Zip Code
MT PLEASANT SC 29464-2793

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066416

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 920.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 289 / 534
(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. MICHAEL F. ROZEK
Mailing Address 8684 CONGRESS DR
City CANTON State MI Zip Code 48187-2022
FEC ID number of contributing federal political committee. **C**
Name of Employer FORD MOTOR CO. Occupation SENIOR LABOR REP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14106110
Amount of Each Receipt this Period 225.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WALTER ROZIER
Mailing Address 1608 SW JEFFERSON ST.
City LEES SUMMIT State MO Zip Code 64081-3106
FEC ID number of contributing federal political committee. **C**
Name of Employer SELF-EMPLOYED Occupation ELECTRICAL CONTRACTOR
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 510.00
Date of Receipt 02 / 03 / 2011
Transaction ID: SA11.14063463
Amount of Each Receipt this Period 510.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. EDWARD B. RUST, JR.
Mailing Address 16 DOWNING CIRCLE
City BLOOMINGTON State IL Zip Code 61704-7619
FEC ID number of contributing federal political committee. **C**
Name of Employer STATE FARM INS COS Occupation CHAIRMAN & C.E.O.
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14114566
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5735.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 290 / 534
(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)
MRS. GERTRUDE C. RUTLEDGE

Mailing Address 237 TOYOPA DR

City State Zip Code
PACIFIC PALISADES CA 90272-4463

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 ▼
204.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11.14062647

Amount of Each Receipt this Period
204.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES J. RYAN

Mailing Address 5316 CLEVES WARSAW PIKE

City State Zip Code
CINCINNATI OH 45238-3602

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 ▼
210.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11.14082071

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LAWRENCE RYBKA

Mailing Address 3648 S OCEAN BLVD

City State Zip Code
HIGHLAND BEACH FL 33487-3393

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED
Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.14078936

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1414.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 534
(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. GLEN L. RYLAND

Mailing Address 8545 CARMEL VALLEY RD

City State Zip Code
CARMEL CA 93923-9556

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14092773

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE E. SAFIOL

Mailing Address 64 JUNIPER RD

City State Zip Code
WESTON MA 02493-1358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14083733

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE JOHN SAKALDASIS

Mailing Address 1379 LYON CT.

City State Zip Code
LIVERMORE CA 94551-1952

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LAWRENCE LIVERMORE NAT. LAB EXECUTIVE STAFF

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101047

Amount of Each Receipt this Period
155.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 405.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 292 / 534
(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. RAYMOND SALMON, JR.
Mailing Address P.O. BOX 7

City State Zip Code
NOCONA TX 76255-0007

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105564
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. IRAJ SAMANDI
Mailing Address 1223 WILSHIRE BLVD #1610

City State Zip Code
SANTA MONICA CA 90403-5400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
JONQUIL INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14104843
Amount of Each Receipt this Period 2500.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RON SANCHEZ
Mailing Address 3938 HUNTERS ROCK

City State Zip Code
SAN ANTONIO TX 78230-2068

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065786
Amount of Each Receipt this Period 300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 3050.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 293 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT C. SANDERS
Mailing Address P.O. BOX 5052

City State Zip Code
LAKELAND FL 33807-5052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
R. CLINE, INC. SERVICE MACHINE TECHNICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 7 / 2 0 1 1

Transaction ID: SA11.14112632

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. ROBERT C. SANDERS
Mailing Address P.O. BOX 5052

City State Zip Code
LAKELAND FL 33807-5052

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
R. CLINE, INC. SERVICE MACHINE TECHNICIAN

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11.14113330

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BARBARA T. SANDFORD
Mailing Address 1275 DENMARK RD

City State Zip Code
PLAINFIELD NJ 07062-2016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS CIVIC VOLUNTEER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14104497

Amount of Each Receipt this Period
35.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2035.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. NORMAN SANTUS		Date of Receipt
	Mailing Address 4454 E COUNTY ROAD 900 N		<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	SHELburn	IN	47879-8078
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14078016
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="210.00"/>
		<input type="text" value="210.00"/>	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) RICK SAUCEDA		Date of Receipt
	Mailing Address 6875 FM 2200 W		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	YANCEY	TX	78886-5004
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14080590
Name of Employer BEXAR CO DIST ATTORNEY		Occupation CRIMINAL INVESTIGATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) RICK SAUCEDA		Date of Receipt
	Mailing Address 6875 FM 2200 W		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	YANCEY	TX	78886-5004
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14093090
Name of Employer BEXAR CO DIST ATTORNEY		Occupation CRIMINAL INVESTIGATOR	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="100.00"/>
		<input type="text" value="300.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="410.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 295 / 534
(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)
J.B. SAUNDERS, III

Mailing Address 18505 N ANTLER WAY

City State Zip Code
EDMOND OK 73012-8709

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 ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11.14069924

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROGER SAYLER

Mailing Address 59 WHITE FALLS LN

City State Zip Code
NEW CANAAN CT 06840-2038

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 ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	1	/	2	0	1	1

Transaction ID: SA11.14100870

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
VICTOR W. SCHAFF

Mailing Address 5160 FOOTHILL RD

City State Zip Code
CARPINTERIA CA 93013-3017

FEC ID number of contributing federal political committee. **C**

Name of Employer SYS SAUDI INC
Occupation RANCHER

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	7	/	2	0	1	1

Transaction ID: SA11.14098171

Amount of Each Receipt this Period
200.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **10700.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<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

A.	Full Name (Last, First, Middle Initial) MS. MARYANN E. SCHALLER	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 1326 RIVER RD	Transaction ID: SA11.14078126
	City MARYSVILLE State MI Zip Code 48040-1543	Amount of Each Receipt this Period 225.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation ADMINISTRATIVE MANAGER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 225.00	

B.	Full Name (Last, First, Middle Initial) MR. THOMAS SCHALK	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 4245 KEMP BLVD STE 412	Transaction ID: SA11.14105810
	City WICHITA FALLS State TX Zip Code 76308-2833	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

C.	Full Name (Last, First, Middle Initial) P. J. SCHIERL	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 1815 RAINBOW AVE	Transaction ID: SA11.14105503
	City DE PERE State WI Zip Code 54115-1721	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 250.00	

SUBTOTAL of Receipts This Page (optional)	775.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 534
(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)
MRS. ALYCE V. SCHLECH

Mailing Address 611 N.E. ALSBURY BLVE APT 504

City State Zip Code
BURLESON TX 76028-2697

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14065391

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES SCHLICK

Mailing Address 4115 N RIVER ST

City State Zip Code
MC LEAN VA 22101-5818

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FEDERAL GOVERNMENT PHARMACIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14081281

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAY D. SCHLICHTING

Mailing Address 7333 WELLCREST DR

City State Zip Code
DALLAS TX 75230-4200

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14097905

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 298 / 534
(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. JAY D. SCHLICHTING

Mailing Address 7333 WELLCREST DR

City State Zip Code
DALLAS TX 75230-4200

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.14113586

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. THEODORE G. SCHMIDT, JR.

Mailing Address 2115 CONNOR PARK CV

City State Zip Code
SALT LAKE CTY UT 84109-2468

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 ▼
1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	1	1

Transaction ID: SA11.14116989

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. PHILIP G. SCHONER

Mailing Address 107 COLSTON PL

City State Zip Code
LEXINGTON VA 24450-1811

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: SA11.14101093

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1310.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 299 / 534
(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. GARY SCHRAUT

Mailing Address P.O. BOX 1104

City State Zip Code
BROOKSVILLE FL 34605-1104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CENTURY 21 ALLIANCE REALTY REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072455

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JOAN L. SCHREYER

Mailing Address 117 MERCER ST.

City State Zip Code
PRINCETON NJ 08540-6809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102779

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. HAROLD L. SCHUDEL

Mailing Address 4961 NE VINTAGE ST

City State Zip Code
CORVALLIS OR 97330-9809

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068121

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **6000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 534
(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

A. Full Name (Last, First, Middle Initial)
ROBERT SCHUEMANN

Mailing Address 1950 W DEAN RD

City State Zip Code
MILWAUKEE WI 53217-2003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102234

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT SCHUERCH

Mailing Address 3140 CORNELL AVE.

City State Zip Code
VESTAL NY 13850-3034

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
TURNKEY CONTROL SOLU BUSINESS OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14064518

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. MARGARET A. SCHUHMANN

Mailing Address 1622 DAUPHIN AVENUE

City State Zip Code
WYOMISSING PA 19610-2314

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103049

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1210.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 301 / 534
(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. JAY W. SCHUTTE

Mailing Address 11584 HIGHWAY 54

City State Zip Code
BENTON CITY MO 65232-2203

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 410.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14111958

Amount of Each Receipt this Period
410.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GERALD A. SCHWALBACH

Mailing Address 10446 NORTH 74TH STREET
SUITE 150

City State Zip Code
SCOTTSDALE AZ 85258-1021

FEC ID number of contributing federal political committee. **C**

Name of Employer SPENSA GROUP Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14113280

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ANTHONY J. SCIACCA, JR.

Mailing Address 13565 W BLANCHARD RD

City State Zip Code
GURNEE IL 60031-1109

FEC ID number of contributing federal political committee. **C**

Name of Employer M C I WORLD COM Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 0 1 / 2 0 1 1

Transaction ID: SA11.1405998

Amount of Each Receipt this Period
225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10635.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 302 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. ANTHONY J. SCIACCA, JR.

Mailing Address 13565 W BLANCHARD RD

City State Zip Code
GURNEE IL 60031-1109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
M C I WORLD COM INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102914

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JOHN SCOFIELD

Mailing Address 227 C STREET, SE

City State Zip Code
WASHINGTON DC 20003-1910

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PODESTA GROUP PRINCIPAL

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14066519

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MACK W. SEAL

Mailing Address 873 RIDGEWOOD BLVD

City State Zip Code
HUDSON OH 44236-1687

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REALTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14075209

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **2750.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. EDWARD E. SEASTRAND

Mailing Address 12 KESWICK LN.

City State Zip Code
CROSSVILLE TN 38558-2880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14073005

Amount of Each Receipt this Period

375.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
RANDY SELFRIDGE

Mailing Address 43480 NE T RD.

City State Zip Code
BURDETT KS 67523-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIVE STAR FARM INC. FARMER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14086312

Amount of Each Receipt this Period

160.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
RANDY SELFRIDGE

Mailing Address 43480 NE T RD.

City State Zip Code
BURDETT KS 67523-2407

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FIVE STAR FARM INC. FARMER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 610.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11.14117495

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

685.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 304 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MS. ANNA T. SENN

Mailing Address 3572 WILDFLOWER DR
UNIT D

City Greensboro State NC Zip Code 27410-8824

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 ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111944

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. BONNIE L. SEYMOUR

Mailing Address 3793 HERONS LANDING DR

City RENO State NV Zip Code 89502-7200

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 ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14066351

Amount of Each Receipt this Period
2000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. BONNIE L. SEYMOUR

Mailing Address 3793 HERONS LANDING DR

City RENO State NV Zip Code 89502-7200

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 ▼ 2100.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102540

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2310.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 305 / 534
(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. JAMES F. SHARPLIN

Mailing Address 2411 PARGOUD LANDING

City State Zip Code
MONROE LA 71201-2300

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11.14088925
Amount of Each Receipt this Period: 220.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. DOROTHY SHAW

Mailing Address 1311 EAGLES WAY

City State Zip Code
XENIA OH 45385-6608

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 ▼ 600.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14068192
Amount of Each Receipt this Period: 600.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. SHAUN M. SHEEHAN

Mailing Address 609 SOUTH FAIRFAX STREET

City State Zip Code
ALEXANDRIA VA 22314-3833

FEC ID number of contributing federal political committee. **C**

Name of Employer TRIBUNE BROADCASTING Occupation GOVERNMENT AFFAIRS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14105331
Amount of Each Receipt this Period: 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1820.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. GEORGE L. SHERLING

Mailing Address 3171 GREEN VALLEY RD

City State Zip Code
BIRMINGHAM AL 35243-5239

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14075190

Amount of Each Receipt this Period

400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ESTHER SHERWOOD

Mailing Address 175 N GIRARD ST. APT. 103

City State Zip Code
HEMET CA 92544-4650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11.14098294

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ESTHER SHERWOOD

Mailing Address 175 N GIRARD ST. APT. 103

City State Zip Code
HEMET CA 92544-4650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102793

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

650.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 307 / 534
(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

A.

Full Name (Last, First, Middle Initial)

MR. CLARENCE W. SHEWARD

Mailing Address P.O. BOX 385

City

WAVERLY

State

OH

Zip Code

45690-0385

FEC ID number of contributing federal political committee.

C

Name of Employer
TPMC

Occupation
PRESIDENT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11.14095779

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MR. JOHN S. SHIELDS

Mailing Address 20041 LEGACY COURT

City

ESTERO

State

FL

Zip Code

33928-7613

FEC ID number of contributing federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
OPERATIONS MANAGER

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14086484

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MR. MORRIS R. SHIELDS

Mailing Address 2240 S 186TH. ST.

City

OMAHA

State

NE

Zip Code

68130-2756

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102999

Amount of Each Receipt this Period

150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 308 / 534
(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. LESTLE R. SHOCKLEY

Mailing Address 419 SUMMERCREEK LANE

City State Zip Code
SAN RAMON CA 94583-4464

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHEVRON/TEXACO ENGINEER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14109483

Amount of Each Receipt this Period
100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BORIS SHVARSMAN

Mailing Address 251 174TH ST
APT 1517

City State Zip Code
MIAMI FL 33160-3358

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RADIO COMMUNICATIONS INC. PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14112796

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN J. SIEFFERT

Mailing Address 740 RANDALL DRIVE

City State Zip Code
TROY MI 48085-4853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14072786

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 810.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 534
(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. ANTHONY C. SILECCHIA
 Mailing Address 14 ROCKAWAY AVE.
 City State Zip Code
ROCKVILLE CENTRE NY 11570-5905
 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 ▼ 210.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 1 6 / 2 0 1 1
Transaction ID: SA11.14091303
 Amount of Each Receipt this Period 210.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL A. SIMKOWITZ
 Mailing Address 6000 ALTON RD
 City State Zip Code
MIAMI BEACH FL 33140-2027
 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 ▼ 220.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 1 1
Transaction ID: SA11.14060682
 Amount of Each Receipt this Period 220.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL H. SIMMONDS
 Mailing Address 11404 W. DODGE RD, STE 650
 City State Zip Code
OMAHA NE 68154-2576
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF-EMPLOYED
 Occupation SELF-EMPLOYED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00
 Date of Receipt M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 1 1
Transaction ID: SA11.14072489
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 10430.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 310 / 534
(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. RONALD E. SIMMONS

Mailing Address 28 KNOWLTON ROAD

City Wellsboro State PA Zip Code 16901-7534

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 ▼ 300.00

Date of Receipt 02 / 14 / 2011

Transaction ID: SA11.14090405

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RONALD E. SIMMONS

Mailing Address 28 KNOWLTON ROAD

City Wellsboro State PA Zip Code 16901-7534

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 ▼ 300.00

Date of Receipt 02 / 28 / 2011

Transaction ID: SA11.14117745

Amount of Each Receipt this Period 100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. ALICE B. SIMONSON

Mailing Address PO BOX 512

City Watford City State ND Zip Code 58854-0512

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 ▼ 210.00

Date of Receipt 02 / 22 / 2011

Transaction ID: SA11.14100931

Amount of Each Receipt this Period 210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 410.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 311 / 534
(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. ALLEN H. SIMON
Mailing Address 1383 N CRISS ST
City CHANDLER State AZ Zip Code 85226-1307
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 ▼ 450.00
Date of Receipt 02 / 18 / 2011
Transaction ID: SA11.14100186
Amount of Each Receipt this Period 100.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ALLEN H. SIMON
Mailing Address 1383 N CRISS ST
City CHANDLER State AZ Zip Code 85226-1307
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 ▼ 450.00
Date of Receipt 02 / 25 / 2011
Transaction ID: SA11.14112337
Amount of Each Receipt this Period 100.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. PAMELA SIMONS
Mailing Address 2425 VERMONT STREET
City LAWRENCE State KS Zip Code 66046-4761
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00
Date of Receipt 02 / 09 / 2011
Transaction ID: SA11.14072133
Amount of Each Receipt this Period 210.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 410.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 / 534
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	<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

A.	Full Name (Last, First, Middle Initial) DR. DEMETRIOS SIMOPOULOS	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 815 COURT ST # 6	Transaction ID: SA11.14097871
	City State Zip Code JACKSON CA 95642-2154	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation SELF-EMPLOYED PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) MR. JAMES A. SKINNER	Date of Receipt MM / DD / YYYY 02 / 15 / 2011
	Mailing Address 86 BREAKENRIDGE FARM	Transaction ID: SA11.14097874
	City State Zip Code OAK BROOK IL 60523-2713	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation MCDONALD'S EXECUTIVE	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) MS. BEVERLY R. SKIPPER	Date of Receipt MM / DD / YYYY 02 / 23 / 2011
	Mailing Address 1321 COUNTY RD 26	Transaction ID: SA11.14110120
	City State Zip Code EVERGREEN AL 36401-6940	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	2210.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 313 / 534
(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. RICHARD C. SLACK

Mailing Address PO BOX 820

City State Zip Code
PECOS TX 79772-0820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14120162

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT L. SLAGLE

Mailing Address 1261 CLAREMONT RD

City State Zip Code
CARLISLE PA 17015-9726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LIGHTSTYLES LTD PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076107

Amount of Each Receipt this Period
420.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. JANICE SMARTO

Mailing Address 605 PENNSYLVANIA BLVD

City State Zip Code
JEANNETTE PA 15644

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PRUDENTIAL PREFERRED REALTY REAL ESTATE BROKER/MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14078302

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1920.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 534
(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. DONALD H. SMITH

Mailing Address 288 HUBBARD RD

City State Zip Code
NEWTON AL 36352-8836

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED RETAIL

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097280

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MERRILL G. SMITH

Mailing Address 7420 COUNTRY COMMONS LN.

City State Zip Code
SYLVANIA OH 43560-2965

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 510.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105645

Amount of Each Receipt this Period
510.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. NELDA H. SMITH

Mailing Address 1107 NW 52ND TER.

City State Zip Code
GAINESVILLE FL 32605-4437

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102726

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1060.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. TIM SMUCKER

Mailing Address 5350 DEERFIELD AVENUE

City State Zip Code
NORTH LAWRENCE OH 44666-9617

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
THE J.M. SMUCKER COMPANY CHAIRMAN & C.E.O.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104847

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BYRON C. SOLOMONIDES

Mailing Address 3127 DERBY RD

City State Zip Code
COLUMBUS OH 43221-2609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14081619

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. URBAN H. SOMMERS

Mailing Address 17902 WILDWOOD RD.

City State Zip Code
CARLYLE IL 62231-2923

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102773

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 316 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MRS. HARRIETT R. SOSELY		Date of Receipt
	Mailing Address 604 FAIRVIEW AVE		<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	MIDDLESEX	NJ	08846-2327
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14056382
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS		Occupation INFORMATION REQUESTED PER BEST EFFORTS	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="320.00"/>	<input type="text" value="220.00"/>
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) MR. JERRY SPEARS		Date of Receipt
	Mailing Address P.O. BOX 910		<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	MABELVALE	AR	72103-0910
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14115080
Name of Employer BNBS INC.		Occupation PRESIDENT	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	<input type="text" value="250.00"/>
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) MR. CHARLES E. SPORCK		Date of Receipt
	Mailing Address 22 KAUMANA PL		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	KAILUA	HI	96734
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>	Transaction ID: SA11.14116730
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="410.00"/>	<input type="text" value="410.00"/>
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="880.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. BILL SPRINGER

Mailing Address P.O. BOX 1978

City State Zip Code
PLACERVILLE CA 95667-1978

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED TEACHER

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14108894

Amount of Each Receipt this Period
60.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. LAURENT ST GERMAINE

Mailing Address 850 TALBOT AVE
TRLR D15

City State Zip Code
CANUTILLO TX 79835-5489

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14104377

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. RALPH ST. JOHN

Mailing Address 12736 NORTHERN BLVD

City State Zip Code
CORONA NY 11368-1520

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONTRACTOR

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11.14069865

Amount of Each Receipt this Period
100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

410.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 534
(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)
MRS. BARBARA K. STAHLSCHEMIDT
 Mailing Address 2709 ESPANOLA AVE
 City State Zip Code
 SARASOTA FL 34239-4922
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 1 / 2 0 1 1
Transaction ID: SA11.14084491
 Amount of Each Receipt this Period
 25.00
CONTRIBUTION
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

B. Full Name (Last, First, Middle Initial)
MRS. BARBARA K. STAHLSCHEMIDT
 Mailing Address 2709 ESPANOLA AVE
 City State Zip Code
 SARASOTA FL 34239-4922
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 4 / 2 0 1 1
Transaction ID: SA11.14088325
 Amount of Each Receipt this Period
 50.00
CONTRIBUTION
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

C. Full Name (Last, First, Middle Initial)
MRS. BARBARA K. STAHLSCHEMIDT
 Mailing Address 2709 ESPANOLA AVE
 City State Zip Code
 SARASOTA FL 34239-4922
 Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 8 / 2 0 1 1
Transaction ID: SA11.14102765
 Amount of Each Receipt this Period
 50.00
CONTRIBUTION
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 245.00

SUBTOTAL of Receipts This Page (optional) ► 125.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. FRANK B. STANGER, JR.
Mailing Address 616 HALIFAX DR

City State Zip Code
LEXINGTON KY 40503-4227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV. OF KENTUCKY LIBRARIAN/ARCHIVIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14068549
Amount of Each Receipt this Period: 210.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. MATTHEW W. STATEN
Mailing Address 8896 COMMERCE LOOP DR

City State Zip Code
COLUMBUS OH 43240-2122

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 02 / 21 / 2011
Transaction ID: SA11.14100282
Amount of Each Receipt this Period: 420.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. LINDA STEELE
Mailing Address 2117 CANTA LOMAS

City State Zip Code
EL CAJON CA 92019-3528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GROSEMONT SCHOOLS TEACHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 07 / 2011
Transaction ID: SA11.14071546
Amount of Each Receipt this Period: 210.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **840.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 320 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MRS. LINDA STEELE

Mailing Address 2117 CANTA LOMAS

City State Zip Code
EL CAJON CA 92019-3528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GROSEMONT SCHOOLS TEACHER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14104959

Amount of Each Receipt this Period
180.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. JEFFREY STEINKAMP

Mailing Address GREAT HAWK ROAD P.O. BOX 98

City State Zip Code
ROCHESTER VT 05767-0098

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14085476

Amount of Each Receipt this Period
2475.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. MICHAEL J. STEPHENS

Mailing Address 1100 S SPRINGFIELD AVE.

City State Zip Code
BOLIVAR MO 65613-2512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED OWNER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
02 / 02 / 2011

Transaction ID: SA11.14061054

Amount of Each Receipt this Period
310.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2965.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 321 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JEFFREY W. STERLING

Mailing Address 1128 ROLENA CIR NW

City State Zip Code
CANTON OH 44708-3279

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
BEAVER EXCAVATING CO CONSTRUCTION

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111937

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. MARCIA K. STERNITZKE

Mailing Address 5150 HOPNER CT

City State Zip Code
COLORADO SPGS CO 80919-7950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14081407

Amount of Each Receipt this Period
110.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SHERIDAN STEVENS, II

Mailing Address 4122 NE HAMPSTEAD DR.

City State Zip Code
LEES SUMMIT MO 64064-1618

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114201

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶ **570.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 322 / 534
(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. W. R. STEVENSON
 Mailing Address 5564 MONTEREY DR
 City State Zip Code
FRISCO TX 75034-4090
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt: MM / DD / YYYY
02 / 14 / 2011
Transaction ID: SA11.14087799
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. FRANK H. STEWART
 Mailing Address 1033 ROOKWOOD DR.
 City State Zip Code
CINCINNATI OH 45208-3323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00
 Date of Receipt: MM / DD / YYYY
02 / 07 / 2011
Transaction ID: SA11.14066349
 Amount of Each Receipt this Period: 1000.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. JANICE F. STEWART
 Mailing Address 13514 GLEN ERICA DR
 City State Zip Code
HOUSTON TX 77069-3318
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
STEWART CHESTER CPA PC PRINCIPAL
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00
 Date of Receipt: MM / DD / YYYY
02 / 10 / 2011
Transaction ID: SA11.14076157
 Amount of Each Receipt this Period: 425.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2425.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 323 / 534
(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)
LYNN STEWART

Mailing Address 7905 E. MADERO AVE

City MESA State AZ Zip Code 85209-5070

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 ▼ 400.00

Date of Receipt 02 / 08 / 2011
Transaction ID: SA11.14073591
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. GORDON K. STOKES

Mailing Address 1701 CLONCURRY RD

City NORFOLK State VA Zip Code 23505-1718

FEC ID number of contributing federal political committee. **C**

Name of Employer SENTANA MEDICAL GROUP Occupation SURGEON

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 11 / 2011
Transaction ID: SA11.14084073
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. DARRLY F. STONE

Mailing Address 1101 RANCHWOOD PL

City DIAMOND BAR State CA Zip Code 91765-4370

FEC ID number of contributing federal political committee. **C**

Name of Employer APR CONSULTING INC. Occupation C.F.O.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 10 / 2011
Transaction ID: SA11.14080669
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 950.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 324 / 534
(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)
MRS. NANCY L. STOOPS

Mailing Address 2801 BRANDYWINE ROAD

City State Zip Code
SPRINGFIELD IL 62704-1053

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14085158

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DENNIS W. STORY

Mailing Address P.O. BOX 218

City State Zip Code
MARVELL AR 72366-0218

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14070358

Amount of Each Receipt this Period
100.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City State Zip Code
OCEAN VIEW NJ 08230-0608

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056092

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **810.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 325 / 534
(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

A.

Full Name (Last, First, Middle Initial)

MRS. ADA A. STRASENBURGH

Mailing Address P.O. BOX 608

City

OCEAN VIEW

State

NJ

Zip Code

08230-0608

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 ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102716

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

MS. CHERYL STRAUB

Mailing Address 17802 SAWGRASS CIR

City

OMAHA

State

NE

Zip Code

68136-1526

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14110502

Amount of Each Receipt this Period

300.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

MRS. GRETCHEN E. STRAUSS

Mailing Address 1269 NATIONAL RD. APT. 19

City

WHEELING

State

WV

Zip Code

26003-5724

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.14078410

Amount of Each Receipt this Period

80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

530.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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 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)
MRS. GRETCHEN E. STRAUSS

Mailing Address 1269 NATIONAL RD. APT. 19

City State Zip Code
WHEELING WV 26003-5724

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 ▼ 380.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14100890

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. GRETCHEN E. STRAUSS

Mailing Address 1269 NATIONAL RD. APT. 19

City State Zip Code
WHEELING WV 26003-5724

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 ▼ 380.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2011

Transaction ID: SA11.14105077

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. GRETCHEN E. STRAUSS

Mailing Address 1269 NATIONAL RD. APT. 19

City State Zip Code
WHEELING WV 26003-5724

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 ▼ 380.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114523

Amount of Each Receipt this Period
75.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **300.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 327 / 534
(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. JAMES STRICKLIN

Mailing Address PO BOX 36

City State Zip Code
ARCADIA MO 63621-0036

FEC ID number of contributing federal political committee. **C**

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation PRESIDENT

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00

Date of Receipt MM / DD / YYYY
02 / 21 / 2011

Transaction ID: SA11.14100299

Amount of Each Receipt this Period 210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
SALLY STROUP

Mailing Address 7824 DESIREE ST

City State Zip Code
ALEXANDRIA VA 22315-6047

FEC ID number of contributing federal political committee. **C**

Name of Employer SCANTRON CORPORATION Occupation LAWYER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068869

Amount of Each Receipt this Period 500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. KENNETH J. STUDEMAN

Mailing Address 65523 N CENTERVILLE RD.

City State Zip Code
STURGIS MI 49091-9148

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 ▼ 210.00

Date of Receipt MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14064469

Amount of Each Receipt this Period 210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 920.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 328 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. FRANK H. SUITS

Mailing Address 14250 ROYAL HARBOUR CT
UNIT 815

City State Zip Code
FORT MYERS FL 33908-6572

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 ▼
225.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101504

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN A. SUNDERMAN

Mailing Address 30940 CROW HAVEN LN

City State Zip Code
LE SUEUR MN 56058-4521

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED
Occupation FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14063440

Amount of Each Receipt this Period
220.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. DOTTIE M. SUTHERLAND

Mailing Address 720 LAKESTONE RD

City State Zip Code
UNION HALL VA 24176-4079

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE
Occupation NONE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14111785

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **695.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. F. JOSEPH SVEC

Mailing Address 266 CHEESTANA WAY

City LOUDON State TN Zip Code 37774-2527

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 ▼ 250.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11.14089112
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RALPH D. SWANSON

Mailing Address 193 PLATEAU LN

City KIMBERLING CITY State MO Zip Code 65686-9586

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14102784
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
SALLY SWEETLAND

Mailing Address 4643 VANTAGE AVE

City VALLEY VILLAGE State CA Zip Code 91607-3813

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 ▼ 215.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14101922
 Amount of Each Receipt this Period: 130.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **630.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 330 / 534
(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

A. Full Name (Last, First, Middle Initial)
DR. WALTER J. SZYDLOWSKI

Mailing Address 6475 SUGAR TREE DR.

City State Zip Code
SPRING HILL FL 34607-2517

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation INTERNAL MEDICINE PHYSICIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 675.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14108622

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. STANLEY G. TATE

Mailing Address 1175 NE 125TH STREET #102

City State Zip Code
NORTH MIAMI FL 33161-5009

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED Occupation PRESIDENT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14113253

Amount of Each Receipt this Period
30800.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DONNA A. TAUBENSLAG

Mailing Address 5 FOREST HILLS DR

City State Zip Code
WHEELING WV 26003-6645

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14085800

Amount of Each Receipt this Period
110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 31135.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MS. DONNA A. TAUBENSLAG

Mailing Address 5 FOREST HILLS DR

City State Zip Code
WHEELING WV 26003-6645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14090474

Amount of Each Receipt this Period

150.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. FREDERICK J. TAYLOR

Mailing Address 1210 W MILHAM AVE
STE 202

City State Zip Code
PORTAGE MI 49024-2227

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 1 / 2 0 1 1

Transaction ID: SA11.14100277

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JEFFREY J. TAYLOR

Mailing Address 41822 FOXWELL POINT LN

City State Zip Code
LEONARDTOWN MD 20650-4718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED VISUAL ENGINEER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14085049

Amount of Each Receipt this Period

210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

560.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 332 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT W. TAYLOR
Mailing Address 233 ROSS AVE

City State Zip Code
HACKENSACK NJ 07601-2820

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14088893

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. SUSAN TEAGUE
Mailing Address 701 BONHAM ST
APT 202

City State Zip Code
GRAND PRAIRIE TX 75050-5557

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
GUIDESTONE FINANCIAL RESOURCES LOAN OFFICER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101051

Amount of Each Receipt this Period
225.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. JERRY TEESON
Mailing Address 2970 122ND AVENUE NW

City State Zip Code
COON RAPIDS MN 55433-1725

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED REAL ESTATE AGENT

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113283

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1025.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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(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. RICHARD TERRELL

Mailing Address 1515 140TH ST NW

City State Zip Code
SWISHER IA 52338-9502

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSTRUCTION & FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105522

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RANDY TERUYA

Mailing Address 187 BALLARD ST. SPACE 3A

City State Zip Code
EL CAJON CA 92019-2104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103102

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ANTHONY J. TETHER

Mailing Address 6400 LYRIC LANE

City State Zip Code
FALLS CHURCH VA 22044-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14097869

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2250.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 334 / 534
(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

A. Full Name (Last, First, Middle Initial)
MS. AUDREY THIEMAN

Mailing Address 200 E CR 900 S

City MADISON State IN Zip Code 47250-9625

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 ▼ 320.00

Date of Receipt: MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110592

Amount of Each Receipt this Period: 110.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. BERNARD L. THOMPSON

Mailing Address 2906 SMOKETREE CIR. NE

City HUNTSVILLE State AL Zip Code 35811-2600

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 ▼ 210.00

Date of Receipt: MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072234

Amount of Each Receipt this Period: 210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GARY J. THOMPSON

Mailing Address 82 LOFGREN ROAD

City AVON State CT Zip Code 06001-3170

FEC ID number of contributing federal political committee. **C**

Name of Employer HARTFORD FINANCIAL SERVICES GROUP Occupation EXECUTIVE

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102732

Amount of Each Receipt this Period: 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **570.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 335 / 534
(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. HUBERT THOMPSON

Mailing Address 7 LUMAC DR

City EAST HANOVER State NJ Zip Code 07936-1417

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 ▼ 210.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14111892
 Amount of Each Receipt this Period: 210.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JOHN T. TIANO

Mailing Address 2349 BOTULPH ROAD

City SANTA FE State NM Zip Code 87505-5704

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 ▼ 300.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14110645
 Amount of Each Receipt this Period: 300.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT I. TIEL

Mailing Address 9393 BRIARSTONE DR

City STANWOOD State MI Zip Code 49346-9378

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 ▼ 250.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14109314
 Amount of Each Receipt this Period: 250.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 760.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 336 / 534
(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. DAVID TIERNEY

Mailing Address 64 BUENA VISTA AVE.

City RUMSON State NJ Zip Code 07760-1232

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 ▼ 210.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14068404
 Amount of Each Receipt this Period: 210.00
 CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. WARREN F. TIGNER

Mailing Address 2203 MILLER RD

City ROSHARON State TX Zip Code 77583-4533

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 ▼ 210.00

Date of Receipt: 02 / 14 / 2011
Transaction ID: SA11.14089299
 Amount of Each Receipt this Period: 80.00
 CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. WARREN F. TIGNER

Mailing Address 2203 MILLER RD

City ROSHARON State TX Zip Code 77583-4533

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 ▼ 210.00

Date of Receipt: 02 / 25 / 2011
Transaction ID: SA11.14114683
 Amount of Each Receipt this Period: 50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 340.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 337 / 534
(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. MARK D. TILLMAN

Mailing Address 2 BROMPTON RD

City State Zip Code
SAVANNAH GA 31410-3151

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	1

Transaction ID: SA11.14068707

Amount of Each Receipt this Period
210.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LEONE E. TIMM

Mailing Address 5432 70TH AVENUE SE

City State Zip Code
SALEM OR 97317-9102

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 ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14106592

Amount of Each Receipt this Period
400.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. BRUCE E. TOLL

Mailing Address 754 S. COUNTY ROAD

City State Zip Code
PALM BEACH FL 33480-4826

FEC ID number of contributing federal political committee. **C**

Name of Employer TOLL BROTHERS, INC.
Occupation REAL ESTATE DEVELOPER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: SA11.14112447

Amount of Each Receipt this Period
30000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **30610.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 338 / 534
(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. RAYMOND R. TOOHEY

Mailing Address 1625 S ETHEL AVE

City ALHAMBRA State CA Zip Code 91803-3038

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 ▼ 230.00

Date of Receipt: 02 / 01 / 2011
Transaction ID: SA11.14062700
 Amount of Each Receipt this Period: 205.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. RAYMOND R. TOOHEY

Mailing Address 1625 S ETHEL AVE

City ALHAMBRA State CA Zip Code 91803-3038

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 ▼ 230.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11.14084314
 Amount of Each Receipt this Period: 25.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. R TOWNSEND

Mailing Address 27120 FLAMINGO DR.

City BONITA SPRINGS State FL Zip Code 34135-4452

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: 02 / 02 / 2011
Transaction ID: SA11.14060809
 Amount of Each Receipt this Period: 300.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **530.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 339 / 534
(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)
REV. P. J. TRACY

Mailing Address 722 DUBLIN DR

City State Zip Code
MISHAWAKA IN 46545-3589

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	/	1	5	/	2	0	1	1

Transaction ID: SA11.14084862

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DAIN A. TRAFTON

Mailing Address 135 TORY HILL RD.

City State Zip Code
PHILLIPS ME 04966-4050

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	/	0	4	/	2	0	1	1

Transaction ID: SA11.14067086

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KATHRYN J. TRAPP

Mailing Address 855 BROADVIEW PL

City State Zip Code
COLORADO SPGS CO 80904-1801

FEC ID number of contributing federal political committee. **C**

Name of Employer K AND M EQUIPMENT CO.
Occupation OWNER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: SA11.14101162

Amount of Each Receipt this Period
420.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1220.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 340 / 534
(check only one)

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial)
MR. LOUIS B. TREVATHAN

Mailing Address 12000 N 90TH ST

City State Zip Code
SCOTTSDALE AZ 85260-8604

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14081888

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. GEORGE TRIFF

Mailing Address P.O. BOX 173

City State Zip Code
OAK FOREST IL 60452-0173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14107747

Amount of Each Receipt this Period
150.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. GEORGE TRIFF

Mailing Address P.O. BOX 173

City State Zip Code
OAK FOREST IL 60452-0173

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113400

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **900.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 341 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. TIM TRYSLA

Mailing Address 950 F STREET NW

City State Zip Code
WASHINGTON DC 20004-1438

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ALSTON & BIRD ATTORNEY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14072510

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ZOLTAN B. TUBA

Mailing Address 45 WANZER HILL RD.

City State Zip Code
SHERMAN CT 06784-2712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14088244

Amount of Each Receipt this Period
375.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. ROBERT E. TUCKER

Mailing Address 12663 S MARINA VILLAGE DR

City State Zip Code
TRAVERSE CITY MI 49684-5275

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WESTBAY EXP. COMP OIL EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 410.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14056356

Amount of Each Receipt this Period
410.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5785.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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

A. Full Name (Last, First, Middle Initial)
C R. TURNEY

Mailing Address 1361 E BOOT RD APT 265

City WEST CHESTER State PA Zip Code 19380-5988

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 ▼ 375.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14106325
Amount of Each Receipt this Period: 225.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LEE L. TUTTLE, JR.

Mailing Address 4718 HALLMARK DR APT 102

City HOUSTON State TX Zip Code 77056-3911

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 ▼ 225.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14074523
Amount of Each Receipt this Period: 75.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. LEE L. TUTTLE, JR.

Mailing Address 4718 HALLMARK DR APT 102

City HOUSTON State TX Zip Code 77056-3911

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 ▼ 225.00

Date of Receipt: 02 / 18 / 2011
Transaction ID: SA11.14102721
Amount of Each Receipt this Period: 50.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 350.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
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Detailed Summary Page

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(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. LEE L. TUTTLE, JR.
Mailing Address 4718 HALLMARK DR APT 102

City HOUSTON State TX Zip Code 77056-3911

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 ▼ 225.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14107367
 Amount of Each Receipt this Period: 50.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. LEE L. TUTTLE, JR.
Mailing Address 4718 HALLMARK DR APT 102

City HOUSTON State TX Zip Code 77056-3911

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 ▼ 225.00

Date of Receipt: 02 / 23 / 2011
Transaction ID: SA11.14107369
 Amount of Each Receipt this Period: 50.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ROBERT J. ULRICH
Mailing Address 5400 LONDONBERRY ROAD

City EDINA State MN Zip Code 55436-1027

FEC ID number of contributing federal political committee. **C**

Name of Employer MUSICAL INSTRUMENTS MUSEUM Occupation CHAIRMAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt: 02 / 24 / 2011
Transaction ID: SA11.14123607
 Amount of Each Receipt this Period: 10000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **10100.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 344 / 534
(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. KEITH N. VAN ARSDALEN

Mailing Address 454 ELM AVE

City State Zip Code
HADDONFIELD NJ 08033-2645

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UNIV. OF PA PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105825

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LEWIS W. VAN AMERONGEN

Mailing Address 509 MADISON AVE STE 2300

City State Zip Code
NEW YORK NY 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
L V A ENTERPRISES INC. C.E.O.

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14097320

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. DORINDA W. VAN BURKLEO

Mailing Address 1400 W IRIS AVE.

City State Zip Code
MCALLEN TX 78501-3959

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 220.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14110639

Amount of Each Receipt this Period
110.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 910.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 345 / 534
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. J. VAN VALKENBURG	Date of Receipt MM / DD / YYYY 02 / 16 / 2011
	Mailing Address 535 GRADYVILLE RD B125	Transaction ID: SA11.14097065
	City State Zip Code NEWTOWN SQUARE PA 19073	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 300.00

B.	Full Name (Last, First, Middle Initial) MR. JIM M. VAN VECHTEN	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 18715 BERNARDO TRAILS DR	Transaction ID: SA11.14100959
	City State Zip Code SAN DIEGO CA 92128-1112	Amount of Each Receipt this Period 220.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	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 ▼ 220.00

C.	Full Name (Last, First, Middle Initial) MR. MICHAEL R. VAUGHAN	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address 15399 LAWSON CREEK LN.	Transaction ID: SA11.14101495
	City State Zip Code SMITHFIELD VA 23430-3031	Amount of Each Receipt this Period 205.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFFORTS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00

SUBTOTAL of Receipts This Page (optional)	725.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 346 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MS. BARBARA K. VEY

Mailing Address 122 ALPINE TRAIL

City State Zip Code
SPARTA NJ 07871-1406

FEC ID number of contributing federal political committee. **C**

Name of Employer
INFORMATION REQUESTED PER
BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14068318

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES VICENTE

Mailing Address 8730 CROSS POINTE LOOP

City State Zip Code
ANCHORAGE AK 99504-2269

FEC ID number of contributing federal political committee. **C**

Name of Employer
PETERSON ELEMENTARY

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

TEACHER

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 1 1

Transaction ID: SA11.03678916

Amount of Each Receipt this Period

600.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PAUL VICENTE

Mailing Address 80 ARCH ST

City State Zip Code
BOSTON MA 02110-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer
GREY'S LIMO SERVICE

Receipt For:
 Primary General
 Other (specify) ▼

Occupation

DRIVER

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11.03678911

Amount of Each Receipt this Period

225.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1075.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. LEONARD H. VOGEL

Mailing Address 2825 BLOOMFIELD RD

City State Zip Code
CAPE GIRARDEAU MO 63703-6335

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 ▼
285.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14118588

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MRS. JOAN E. VOGES

Mailing Address 11113 OBST ROAD

City State Zip Code
RED BUD IL 62278-4225

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 ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14097862

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
JAY H. VOLKMAR

Mailing Address 59 CHESTNUT TREE HILL RD

City State Zip Code
OXFORD CT 06478-1463

FEC ID number of contributing federal political committee. **C**

Name of Employer NONE
Occupation RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14094240

Amount of Each Receipt this Period
80.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1240.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MRS. ARLYN WADHOLM

Mailing Address 8951 32ND ST NW

City State Zip Code
NEW TOWN ND 58763-9513

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 8 / 2 0 1 1

Transaction ID: SA11.14068648

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ANGELA WAITE

Mailing Address 1200 CALIFORNIA ST

City State Zip Code
SAN FRANCISCO CA 94109

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED 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 / 2 3 / 2 0 1 1

Transaction ID: SA11.14107347

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. TODD WALKER

Mailing Address 903 BANBURY COURT

City State Zip Code
MCLEAN VA 22102-1301

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UST INC. VP GOV. RELATIONS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14085481

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 349 / 534
(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. DAVID H. WALSH

Mailing Address P.O. BOX 11450

City JACKSON State WY Zip Code 83002-1450

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 ▼ 5000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA11.14115660
 Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LEWIS WALTRIP

Mailing Address 2515 MANION DR.

City WILLIAMSBURG State VA Zip Code 23185-1479

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 ▼ 210.00

Date of Receipt: 02 / 09 / 2011
Transaction ID: SA11.14072274
 Amount of Each Receipt this Period: 210.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MS. LILY WANG

Mailing Address 7946 4TH. ST.

City DOWNEY State CA Zip Code 90241-3237

FEC ID number of contributing federal political committee. **C**

Name of Employer KOTAI REALTY Occupation SALES EXEC

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 07 / 2011
Transaction ID: SA11.14071122
 Amount of Each Receipt this Period: 500.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 5710.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 350 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. ROBERT A. WARD, JR.

Mailing Address 393 SKI TRL

City State Zip Code
KINNELON NJ 07405-2247

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ANSERVE INC EXECUTIVE

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14119260

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. H R. WARDLAW, III

Mailing Address 1201 S PARK STREET

City State Zip Code
SAN ANGELO TX 76901-4571

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14077784

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. ALICE B. WARE

Mailing Address 366 FAIRWAY AVE

City State Zip Code
CHILLICOTHE OH 45601-1217

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101052

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

670.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 351 / 534
(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

A. Full Name (Last, First, Middle Initial)
DR. G. WARMBROD, JR.
Mailing Address 947 GRAYSON LN
City JACKSON State TN Zip Code 38305-6911
FEC ID number of contributing federal political committee. **C**
Name of Employer THE JACKSON CLINIC Occupation PHYSICIAN
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt 02 / 08 / 2011
Transaction ID: SA11.14068102
Amount of Each Receipt this Period 250.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. ANN E. WARREN
Mailing Address 1721 BRANDON WOODS DR.
City LAWRENCE State KS Zip Code 66047-2080
FEC ID number of contributing federal political committee. **C**
Name of Employer HOMEMAKER Occupation HOMEMAKER
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 15 / 2011
Transaction ID: SA11.14097872
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. ARTHUR K. WATSON
Mailing Address 64 WYDENDOWN RD.
City NEW CANAAN State CT Zip Code 06840-2226
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 ▼ 1000.00
Date of Receipt 02 / 09 / 2011
Transaction ID: SA11.14072275
Amount of Each Receipt this Period 1000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 2250.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 352 / 534
(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. ROBERT F. WATSON

Mailing Address 4001 GULFSHORE BLVD N 604

City State Zip Code
NAPLES FL 34103-3426

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103623

Amount of Each Receipt this Period
150.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DR. BOBBY WEBSTER

Mailing Address 9000 AIRLINE HWY
APT 670

City State Zip Code
BATON ROUGE LA 70815-4183

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED PHYSICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14112645

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. MICHAEL S. WEISS

Mailing Address 225 EVERIT AVE

City State Zip Code
HEWLETT NY 11557-2224

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14114959

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 900.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 353 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. JOHN C. WELLEMEYER

Mailing Address 89 ROSEDALE RD

City State Zip Code
PRINCETON NJ 08540-6701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED 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 1

Transaction ID: SA11.14103004

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. BARBARA WHEELER

Mailing Address 6935 BARNEY RD STE 110

City State Zip Code
HOUSTON TX 77092-4443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED TAX ASSOC COLLECTOR

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14086792

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. PATRICIA W. WHEELER

Mailing Address 4033 S. YORKTOWN PLACE

City State Zip Code
TULSA OK 74105-3412

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 705.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11.14078020

Amount of Each Receipt this Period

705.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1455.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 354 / 534
	<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

A.	Full Name (Last, First, Middle Initial) MR. JAMES L. WHITE	Date of Receipt MM / DD / YYYY 02 / 03 / 2011
	Mailing Address 10 CANEBRAKE BLVD	Transaction ID: SA11.14063398
	City State Zip Code HATTIESBURG MS 39402-8701	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

B.	Full Name (Last, First, Middle Initial) MS. SHERRY WHITE	Date of Receipt MM / DD / YYYY 02 / 08 / 2011
	Mailing Address 2834 W CREEKVIEW DR.	Transaction ID: SA11.14068455
	City State Zip Code GREENFIELD IN 46140-9689	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer NEW CASTLE SCHOOL CO	Occupation TEACHER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

C.	Full Name (Last, First, Middle Initial) MR. WILLIS S. WHITE	Date of Receipt MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 1857 MARBLECLIFF CROSSING CT	Transaction ID: SA11.14078002
	City State Zip Code COLUMBUS OH 43204-4968	Amount of Each Receipt this Period 210.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	▶	630.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 355 / 534

(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

A.

Full Name (Last, First, Middle Initial)
MR. RICHARD M. WHITING

Mailing Address 7 TWIN SPRINGS LANE

City State Zip Code
SAINT LOUIS MO 63124-1139

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
PATRIOT COAL CORP. C.E.O.

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 20400.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 0 / 2 0 1 1

Transaction ID: SA11.14085460

Amount of Each Receipt this Period
20400.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MS. GENEVA WHITLOW

Mailing Address 507 W OAK DR

City State Zip Code
ROUND ROCK TX 78664-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 4 / 2 0 1 1

Transaction ID: SA11.14086497

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. GENEVA WHITLOW

Mailing Address 507 W OAK DR

City State Zip Code
ROUND ROCK TX 78664-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14102740

Amount of Each Receipt this Period
150.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

20625.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 356 / 534
(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)
MS. GENEVA WHITLOW

Mailing Address 507 W OAK DR

City State Zip Code
ROUND ROCK TX 78664-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102903

Amount of Each Receipt this Period
75.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MS. GENEVA WHITLOW

Mailing Address 507 W OAK DR

City State Zip Code
ROUND ROCK TX 78664-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14104376

Amount of Each Receipt this Period
250.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
LINDA B. WHITNEY

Mailing Address 102 N TOWNE AVE

City State Zip Code
ELMWOOD IL 61529-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WHITNEY & ASSOCIATES SECRETARY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1265.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14081813

Amount of Each Receipt this Period
760.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1085.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 357 / 534
(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

A.

Full Name (Last, First, Middle Initial)
LINDA B. WHITNEY

Mailing Address 102 N TOWNE AVE

City State Zip Code
ELMWOOD IL 61529-9541

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WHITNEY & ASSOCIATES SECRETARY

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1265.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14106129

Amount of Each Receipt this Period
505.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. JEFFERY L. WHITTINGTON

Mailing Address 3840 PENNSYLVANIA AVE

City State Zip Code
CHARLESTON WV 25302-4650

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
WHITTINGTON & WHITTINGTON OPTICIAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2011

Transaction ID: SA11.14101204

Amount of Each Receipt this Period
350.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MS. NORMA WIESE

Mailing Address 13222 F. ST.

City State Zip Code
OMAHA NE 68137-1126

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105735

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 358 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. SCOTTY W. WILBER

Mailing Address PO BOX 69

City State Zip Code
SPRINGFIELD CENTER NY 13468-0069

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 03 / 2011

Transaction ID: SA11.14063564

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MR. BOBBY G. WILLIAMS

Mailing Address 3623 9TH ST

City State Zip Code
EAST MOLINE IL 61244-4502

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 ▼
642.50

Date of Receipt
MM / DD / YYYY
02 / 04 / 2011

Transaction ID: SA11.14066657

Amount of Each Receipt this Period
37.50

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. BOBBY G. WILLIAMS

Mailing Address 3623 9TH ST

City State Zip Code
EAST MOLINE IL 61244-4502

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 ▼
642.50

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068729

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **787.50**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 359 / 534
(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

A.	Full Name (Last, First, Middle Initial) MR. BOBBY G. WILLIAMS		Date of Receipt
	Mailing Address 3623 9TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 17 / 2011
	City	State	Zip Code
	EAST MOLINE	IL	61244-4502
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11.14098647
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 90.00
		<input type="text"/> 642.50	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) MR. BOBBY G. WILLIAMS		Date of Receipt
	Mailing Address 3623 9TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 17 / 2011
	City	State	Zip Code
	EAST MOLINE	IL	61244-4502
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11.14099123
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 90.00
		<input type="text"/> 642.50	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) MR. BOBBY G. WILLIAMS		Date of Receipt
	Mailing Address 3623 9TH ST		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 02 / 28 / 2011
	City	State	Zip Code
	EAST MOLINE	IL	61244-4502
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11.14112663
Name of Employer RETIRED		Occupation RETIRED	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00
		<input type="text"/> 642.50	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

280.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 360 / 534

(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

A.	Full Name (Last, First, Middle Initial) MR. BOBBY G. WILLIAMS		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 3623 9TH ST		Transaction ID: SA11.14114684		
	City EAST MOLINE	State IL	Zip Code 61244-4502	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 642.50			

B.	Full Name (Last, First, Middle Initial) DR. DAVID V. WILLIAMS		Date of Receipt MM / DD / YYYY 02 / 23 / 2011		
	Mailing Address 2921 COOKS HILL RD		Transaction ID: SA11.14106757		
	City CENTRALIA	State WA	Zip Code 98531-9009	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 500.00			

C.	Full Name (Last, First, Middle Initial) MR. JAMES WILLIAMS		Date of Receipt MM / DD / YYYY 02 / 25 / 2011		
	Mailing Address 6213 SE MAIN ST.		Transaction ID: SA11.14114061		
	City PORTLAND	State OR	Zip Code 97215-2816	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		CONTRIBUTION		
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 ▼ 500.00			

SUBTOTAL of Receipts This Page (optional) ▶

800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 361 / 534

(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

A. Full Name (Last, First, Middle Initial)
MR. JAMES C. WILLIAMS

Mailing Address 1552 TREASURE ISLE RD

City State Zip Code
HOT SPRINGS NATION AR 71913-8496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt MM / DD / YYYY
02 / 15 / 2011

Transaction ID: SA11.14091643

Amount of Each Receipt this Period **100.00**

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAMES C. WILLIAMS

Mailing Address 1552 TREASURE ISLE RD

City State Zip Code
HOT SPRINGS NATION AR 71913-8496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102744

Amount of Each Receipt this Period **150.00**

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JAMES C. WILLIAMS

Mailing Address 1552 TREASURE ISLE RD

City State Zip Code
HOT SPRINGS NATION AR 71913-8496

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14108222

Amount of Each Receipt this Period **50.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) **300.00**

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 362 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. JOHN K. WILLIAMS

Mailing Address 64682 COOK AVE # 99

City BEND State OR Zip Code 97701

FEC ID number of contributing federal political committee. **C**

Name of Employer QUICKSILVER CONTRACTING Occupation INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 02 / 22 / 2011

Transaction ID: SA11.14101511

Amount of Each Receipt this Period 700.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. ROBERT C. WILSON

Mailing Address 8915 LAUREL WAY

City ALPHARETTA State GA Zip Code 30022-5940

FEC ID number of contributing federal political committee. **C**

Name of Employer COX COMMUNICATIONS Occupation VICE PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 25 / 2011

Transaction ID: SA11.14113279

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BARBARA WISCHNEWSKY

Mailing Address 22057 STONE CREEK LANE

City MONTGOMERY State TX Zip Code 77316-6759

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 ▼ 210.00

Date of Receipt 02 / 23 / 2011

Transaction ID: SA11.14110078

Amount of Each Receipt this Period 210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 1910.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 363 / 534
(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. CARLTON WOODARD

Mailing Address 40 S 6TH ST

City State Zip Code
COTTAGE GROVE OR 97424-2015

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

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 8 / 2 0 1 1

Transaction ID: SA11.14112759

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. HOWARD D. WOODFORD

Mailing Address 109 SKY PARK CV

City State Zip Code
FLORENCE AL 35634-2427

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11.14101177

Amount of Each Receipt this Period
260.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. RICHARD WORLEY

Mailing Address 19 HAMILTON DR

City State Zip Code
BLUFFTON SC 29909-4440

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11.14082490

Amount of Each Receipt this Period
125.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **685.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 364 / 534
(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. RICHARD WORLEY

Mailing Address 19 HAMILTON DR

City State Zip Code
BLUFFTON SC 29909-4440

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 ▼
325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: SA11.14101050

Amount of Each Receipt this Period
200.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. JAY A. WORTMAN

Mailing Address P.O. BOX 676

City State Zip Code
MORRISTOWN IN 46161-0676

FEC ID number of contributing federal political committee. **C**

Name of Employer SELF-EMPLOYED
Occupation ELECTRICAL CONTRACTOR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	1

Transaction ID: SA11.14076140

Amount of Each Receipt this Period
110.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MRS. KAY WREN

Mailing Address 100 EVANS LN.

City State Zip Code
LAKE WORTH FL 33462-3301

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 ▼
210.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	8	/	2	0	1	1

Transaction ID: SA11.14068518

Amount of Each Receipt this Period
210.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **520.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 365 / 534
(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

A. Full Name (Last, First, Middle Initial)
MR. LARRY F. WRIGHT

Mailing Address P.O. BOX 300

City State Zip Code
LONDON TX 76854-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14072660

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. LARRY F. WRIGHT

Mailing Address P.O. BOX 300

City State Zip Code
LONDON TX 76854-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14103626

Amount of Each Receipt this Period
200.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
DR. DAVID WU

Mailing Address 3848 DIXON PL

City State Zip Code
SAN DIEGO CA 92107-3740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
APEX ANESTHESIA MEDICAL GROUP ANESTHESIOLOGIST

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14112714

Amount of Each Receipt this Period
750.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 534
(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
							17

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
DR. GEORGE WU

Mailing Address 368 SAN BENITO WAY

City State Zip Code
SAN FRANCISCO CA 94127-2533

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED SELF-EMPLOYED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA11.14116173

Amount of Each Receipt this Period
160.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PEGGY D. WYSOCKI

Mailing Address 7566 LEGLER ST

City State Zip Code
SHAWNEE KS 66217-3023

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOEFER WYSOCKI ARCHITECTS CONSULTANT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076199

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MR. HENRY YAEGER

Mailing Address 22137 MARTELLA AVE

City State Zip Code
BOCA RATON FL 33433-4661

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 205.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14069351

Amount of Each Receipt this Period
25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **395.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 367 / 534
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MR. HENRY YAEGER	Date of Receipt MM / DD / YYYY 02 / 09 / 2011
	Mailing Address 22137 MARTELLA AVE	Transaction ID: SA11.14077857
	City State Zip Code BOCA RATON FL 33433-4661	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

B.	Full Name (Last, First, Middle Initial) MR. HENRY YAEGER	Date of Receipt MM / DD / YYYY 02 / 28 / 2011
	Mailing Address 22137 MARTELLA AVE	Transaction ID: SA11.14116899
	City State Zip Code BOCA RATON FL 33433-4661	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 205.00	

C.	Full Name (Last, First, Middle Initial) MR. WALLACE G. YANCEY	Date of Receipt MM / DD / YYYY 02 / 22 / 2011
	Mailing Address PO BOX 758	Transaction ID: SA11.14101046
	City State Zip Code LANETT AL 36863-0758	Amount of Each Receipt this Period 620.00
	FEC ID number of contributing federal political committee. C	CONTRIBUTION
	Name of Employer Occupation RETIRED RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 970.00	

SUBTOTAL of Receipts This Page (optional)	▶	685.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 368 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. JOHN M. YELLAND

Mailing Address 6 VENTURE
STE. 215

City State Zip Code
IRVINE CA 92618-7364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
YELLOW PROPERTIES PRESIDENT

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14068684

Amount of Each Receipt this Period
225.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MRS. MARION S. YERKES

Mailing Address 3679 BLACKFOOT CT. SW

City State Zip Code
GRANDVILLE MI 49418-1721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14062015

Amount of Each Receipt this Period
75.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
MRS. MARION S. YERKES

Mailing Address 3679 BLACKFOOT CT. SW

City State Zip Code
GRANDVILLE MI 49418-1721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
RETIRED RETIRED

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt
MM / DD / YYYY
02 / 09 / 2011

Transaction ID: SA11.14077174

Amount of Each Receipt this Period
50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 534
(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. DOUGLAS YORK

Mailing Address 3441 E HARBOUR DR

City State Zip Code
PHOENIX AZ 85034-7229

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
EWING IRRIGATION OWNER/PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14102579

Amount of Each Receipt this Period
250.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
MR. VERDELL M. YOUNG

Mailing Address RR 1 BOX 85
BOX 85

City State Zip Code
TRIBUNE KS 67879-7943

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SELF-EMPLOYED FARMER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
MM / DD / YYYY
02 / 10 / 2011

Transaction ID: SA11.14076151

Amount of Each Receipt this Period
210.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
MR. JOHN ZENNER

Mailing Address N5750 TOWNLINE RD

City State Zip Code
ELKHORN WI 53121-4130

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
LINMOT, INC COMO, LLC C.E.O.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 01 / 2011

Transaction ID: SA11.14063221

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **710.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 370 / 534
(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. MICHAEL A. ZOOK

Mailing Address 3800 HIGHWAY 16

City State Zip Code
BEACH ND 58621-9421

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 205.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 2 / 2 0 1 1

Transaction ID: SA11.14101540

Amount of Each Receipt this Period
205.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BIG O, LLC

Mailing Address 2820 PASEO DR.

City State Zip Code
GREAT BEND KS 67530-7225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 1 6 / 2 0 1 1

Transaction ID: SA11.14096028

Amount of Each Receipt this Period
500.00

CONTRIBUTION

ATTRIBUTION TO PARTNERS REQUESTED

C. Full Name (Last, First, Middle Initial)
IRBSEARCH, LLC

Mailing Address 2335 HANSEN COURT

City State Zip Code
TALLAHASSEE FL 32301-4859

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14113286

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SEE ATTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 955.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 371 / 534
(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

A.

Full Name (Last, First, Middle Initial)
MR. EDWARD ECKLAND

Mailing Address 1616 D METROPOLITAN BOULEVARD

City State Zip Code
TALLAHASSEE FL 32308-3779

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
IRBSEARCH CHAIRMAN

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2011

Transaction ID: SA11.14113287

Amount of Each Receipt this Period
250.00

CONTRIBUTION

[MEMO ITEM]
SEE ATTRIBUTION

B.

Full Name (Last, First, Middle Initial)
POARCH BAND OF CREEK INDIANS

Mailing Address 5811 JACK SPRINGS ROAD

City State Zip Code
ATMORE AL 36502-5025

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14085475

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SYCUAN BAND OF THE KUMEYAAAY NATION

Mailing Address 5459 SYCUAN ROAD

City State Zip Code
EL CAJON CA 92019-1821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 30400.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2011

Transaction ID: SA11.14072487

Amount of Each Receipt this Period
30400.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

60800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 372 / 534
(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

A. Full Name (Last, First, Middle Initial)
WELLS FARGO ADVISORS LLC

Mailing Address 6350 LAUREL CANYON BLVD STE 320

City State Zip Code
NORTH HOLLYWOOD CA 91606-3223

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

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 1 / 2 0 1 1

Transaction ID: SA11.14082590

Amount of Each Receipt this Period
300.00

CONTRIBUTION

ATtribution TO PARTNERS REQUESTED

SUBTOTAL of Receipts This Page (optional)	▶	300.00
TOTAL This Period (last page this line number only)	▶	1621481.43

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 373 / 534
(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)
BACHUS REELECTION

Mailing Address P.O. BOX 131134

City State Zip Code
BIRMINGHAM AL 35213-6134

FEC ID number of contributing federal political committee. **C** C00260547

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11.14097898

Amount of Each Receipt this Period
30000.00

TRANSFER

B. Full Name (Last, First, Middle Initial)
DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City State Zip Code
MIDLAND MI 48640-6824

FEC ID number of contributing federal political committee. **C** C00347476

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
25000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11.14097896

Amount of Each Receipt this Period
25000.00

TRANSFER

C. Full Name (Last, First, Middle Initial)
GUTHRIE FOR CONGRESS

Mailing Address P.O. BOX 9639

City State Zip Code
BOWLING GREEN KY 42102-9639

FEC ID number of contributing federal political committee. **C** C00445023

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
27000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 2 5 / 2 0 1 1

Transaction ID: SA11.14113288

Amount of Each Receipt this Period
27000.00

TRANSFER

SUBTOTAL of Receipts This Page (optional) ► **82000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 374 / 534
(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)
RYAN FOR CONGRESS
Mailing Address P.O. BOX 1919
City JANESVILLE State WI Zip Code 53547-1919
FEC ID number of contributing federal political committee. **C** C00330894
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 110000.00
Date of Receipt MM / DD / YYYY 02 / 18 / 2011
Transaction ID: SA11.14104841
Amount of Each Receipt this Period 85000.00
TRANSFER

B. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS
Mailing Address P.O. BOX 1919
City JANESVILLE State WI Zip Code 53547-1919
FEC ID number of contributing federal political committee. **C** C00330894
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 110000.00
Date of Receipt MM / DD / YYYY 02 / 23 / 2011
Transaction ID: SA11.14105342
Amount of Each Receipt this Period 25000.00
TRANSFER

C. Full Name (Last, First, Middle Initial)
VIRGINIA FOXX FOR CONGRESS
Mailing Address P.O. BOX 1100
City CLEMMONS State NC Zip Code 27012-1100
FEC ID number of contributing federal political committee. **C** C00386748
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 50000.00
Date of Receipt MM / DD / YYYY 02 / 17 / 2011
Transaction ID: SA11.14097897
Amount of Each Receipt this Period 50000.00
TRANSFER

SUBTOTAL of Receipts This Page (optional) ► 160000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 375 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
ALAMO PAC

Mailing Address **919 CONGRESS AVENUE
SUITE 1400**

City **AUSTIN** State **TX** Zip Code **78701-2114**

FEC ID number of contributing federal political committee. **C C00387464**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt **02 / 28 / 2011**

Transaction ID: SA11.14123620

Amount of Each Receipt this Period **15000.00**

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ALLEGHENY ENERGY, INC. PAC

Mailing Address **1301 PENNSYLVANIA AVE NW
SUITE 1030**

City **WASHINGTON** State **DC** Zip Code **20004-1701**

FEC ID number of contributing federal political committee. **C C00335232**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **02 / 11 / 2011**

Transaction ID: SA11.14085466

Amount of Each Receipt this Period **5000.00**

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ALTRIA GROUP, INC. PAC

Mailing Address **101 CONSTITUTION AVENUE NW
SUITE 400W**

City **WASHINGTON** State **DC** Zip Code **20001-2155**

FEC ID number of contributing federal political committee. **C C00089136**

Name of Employer _____ Occupation _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **15000.00**

Date of Receipt **02 / 10 / 2011**

Transaction ID: SA11.14085454

Amount of Each Receipt this Period **15000.00**

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **35000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 376 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE NE
SUITE 100

City State Zip Code
WASHINGTON DC 20002-5769

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.14072492

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION PAC

Mailing Address 1445 NEW YORK AVENUE, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005-2134

FEC ID number of contributing federal political committee. **C** C00359539

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.14123614

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
AMERICAN BANKERS ASSOCIATION PAC

Mailing Address 1120 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036-3905

FEC ID number of contributing federal political committee. **C** C00004275

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 1 1

Transaction ID: SA11.14097899

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

45000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 377 / 534
(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)
AMERICAN COLLEGE OF RADIOLOGY PAC

Mailing Address 505 9TH STREET, NW
SUITE 910

City State Zip Code
WASHINGTON DC 20004-2173

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 11 / 2011

Transaction ID: SA11.14085465

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF RADIOLOGY PAC

Mailing Address 505 9TH STREET, NW
SUITE 910

City State Zip Code
WASHINGTON DC 20004-2173

FEC ID number of contributing federal political committee. **C** C00343459

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 10000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2011

Transaction ID: SA11.14097901

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN COLLEGE OF SURGEONS, PAC

Mailing Address 20 F STREET, NW
SUITE 1000

City State Zip Code
WASHINGTON DC 20001-6701

FEC ID number of contributing federal political committee. **C** C00382424

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14104838

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 25000.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 534
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
AMERICAN LAND TITLE ASSOCIATION PAC

Mailing Address 1828 L. STREET NW
SUITE 705

City WASHINGTON State DC Zip Code 20036-5107

FEC ID number of contributing federal political committee. **C** C00012914

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11.14085467
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN MEDICAL ASSOCIATION PAC

Mailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 600

City WASHINGTON State DC Zip Code 20001-7400

FEC ID number of contributing federal political committee. **C** C00000422

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 08 / 2011
Transaction ID: SA11.14072486
Amount of Each Receipt this Period: 15000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN NEUROLOGICAL SURGERY PAC

Mailing Address PO BOX 136

City WASHINGTON State DC Zip Code 20044-0136

FEC ID number of contributing federal political committee. **C** C00327171

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 11 / 2011
Transaction ID: SA11.14085464
Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 25000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 379 / 534
(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)
AMERICAN OSTEOPATHIC ASSOCIATION
Mailing Address 1090 VERMONT AVENUE, NW
City WASHINGTON State DC Zip Code 20005-4905
FEC ID number of contributing federal political committee. **C** C00113803
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 02 / 2011
Transaction ID: SA11.14066529
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
AMERICAN OPTOMETRIC ASSOCIATION
Mailing Address 1505 PRINCE STREET
City ALEXANDRIA State VA Zip Code 22314-2852
FEC ID number of contributing federal political committee. **C** C00024968
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00
Date of Receipt 02 / 17 / 2011
Transaction ID: SA11.14097902
Amount of Each Receipt this Period 15000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC
Mailing Address 1501 M STREET, NW SUITE 300
City WASHINGTON State DC Zip Code 20005-1736
FEC ID number of contributing federal political committee. **C** C00255752
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 23 / 2011
Transaction ID: SA11.14113264
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 25000.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 380 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
AMERICAN STAFFING ASSOCIATION PAC

Mailing Address 277 SOUTH WASHINGTON STREET
SUITE 200

City State Zip Code
ALEXANDRIA VA 22314-3675

FEC ID number of contributing federal political committee. **C** C00145623

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14113265

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AMERIPRISE FINANCIAL INC. PAC

Mailing Address 101 CONSTITUTION AVENUE, NW

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00414474

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105341

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
AMGEN PAC

Mailing Address 555 13TH STREET NW, SUITE 600 WEST

City State Zip Code
WASHINGTON DC 20004-1109

FEC ID number of contributing federal political committee. **C** C00251876

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.14072495

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

30000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) BAE SYSTEMS PAC		Date of Receipt
	Mailing Address 1300 NORTH 17TH STREET SUITE 1400		<input type="text" value="02"/> / <input type="text" value="02"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	ARLINGTON	VA	22209-3803
	FEC ID number of contributing federal political committee.		<input type="text" value="C00281212"/>
Name of Employer		Occupation	Transaction ID: SA11.14066531
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="15000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="15000.00"/>	
CONTRIBUTION			

B.	Full Name (Last, First, Middle Initial) BANK OF NEW YORK COMPANY PAC - BNY PAC		Date of Receipt
	Mailing Address 1200 G STREET NW SUITE 800		<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20005-6705
	FEC ID number of contributing federal political committee.		<input type="text" value="C00185884"/>
Name of Employer		Occupation	Transaction ID: SA11.14097900
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="15000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="15000.00"/>	
CONTRIBUTION			

C.	Full Name (Last, First, Middle Initial) BAXTER HEALTHCARE CORPORATION		Date of Receipt
	Mailing Address 1501 K STREET, NW SUITE 375		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20005-1416
	FEC ID number of contributing federal political committee.		<input type="text" value="C00117838"/>
Name of Employer		Occupation	Transaction ID: SA11.14085473
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text" value="5000.00"/>	
		Amount of Each Receipt this Period <input type="text" value="5000.00"/>	
CONTRIBUTION			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="35000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 534
(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)
BEST BUY EMPLOYEE POLITICAL FORUM
Mailing Address 7601 PENN AVENUE SOUTH
City RICHFIELD State MN Zip Code 55423-3645
FEC ID number of contributing federal political committee. **C** C00405076
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 24 / 2011
Transaction ID: SA11.14123616
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
BGR GOVERNMENT AFFAIRS, LLC PAC
Mailing Address 601 13TH STREET NW
11TH FL. S
City WASHINGTON State DC Zip Code 20005-3807
FEC ID number of contributing federal political committee. **C** C00359588
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 15000.00
Date of Receipt 02 / 03 / 2011
Transaction ID: SA11.14066538
Amount of Each Receipt this Period 15000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
BLACKBOARD POLITICAL ACTION COMMITTEE
Mailing Address 650 MASSACHUSETTS AVENUE
City WASHINGTON State DC Zip Code 20001-3796
FEC ID number of contributing federal political committee. **C** C00470690
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00
Date of Receipt 02 / 11 / 2011
Transaction ID: SA11.14085469
Amount of Each Receipt this Period 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 25000.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
BOEING PAC

Mailing Address 1200 WILSON BLVD.

City State Zip Code
ARLINGTON VA 22209-2300

FEC ID number of contributing federal political committee. **C** C00142711

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14113268

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
BRISTOL-MYERS SQUIBB COMPANY EMPLOYEE PAC

Mailing Address 655 15TH STREET, NW
SUITE 300

City State Zip Code
WASHINGTON DC 20005-5717

FEC ID number of contributing federal political committee. **C** C00035675

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Transaction ID: SA11.14097904

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
BROWNSTEIN HYATT & FARBER P.C., PAC

Mailing Address 1350 I STREET, NW
22ND FLOOR

City State Zip Code
WASHINGTON DC 20005-3305

FEC ID number of contributing federal political committee. **C** C00390583

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	1	1

Transaction ID: SA11.14066528

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ►

35000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 384 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
BURLINGTON NORTHERN SANTA FE RAILPAC (BNSF)
Mailing Address 700 13TH STREET NW

City State Zip Code
WASHINGTON DC 20005-3960

FEC ID number of contributing federal political committee. **C** C00235739

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104833

Amount of Each Receipt this Period

10000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CABLEVISION SYSTEMS CORPORATION PAC
Mailing Address 1111 STEWART AVENUE

City State Zip Code
BETHPAGE NY 11714-3533

FEC ID number of contributing federal political committee. **C** C00197863

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 1 / 2 0 1 1

Transaction ID: SA11.14085468

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
CALIFORNIA DAIRIES FEDERAL PAC
Mailing Address 1401 EYE STREET, NW, 7TH FLOOR

City State Zip Code
WASHINGTON DC 20005-2225

FEC ID number of contributing federal political committee. **C** C00349746

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105335

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

40000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 385 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
CINTAS CORPORATION PARTNERS PAC

Mailing Address 6800 CINTAS BOULEVARD

City State Zip Code
MASON OH 45040-9151

FEC ID number of contributing federal political committee. **C** C00449165

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14097878

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
CME GROUP, INC., PAC

Mailing Address 701 PENNSYLVANIA AVENUE N.W.; PLAZ

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing federal political committee. **C** C00076299

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105334

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
COLE PAC

Mailing Address 12176 CHANCERY STATION CIRCLE

City State Zip Code
RESTON VA 20190-5803

FEC ID number of contributing federal political committee. **C** C00404392

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105327

Amount of Each Receipt this Period

3000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

20500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 386 / 534
(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)
COMCAST CORP. PAC

Mailing Address 2001 PENNSYLVANIA AVENUE NW
SUITE 500

City WASHINGTON State DC Zip Code 20006-1873

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 10 / 2011
Transaction ID: SA11.14085455
 Amount of Each Receipt this Period: 15000.00
CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
CONTINUING A MAJORITY PARTY ACTION COMMITTEE- CAMPAC

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640-6824

FEC ID number of contributing federal political committee. **C** C00350462

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt: 02 / 15 / 2011
Transaction ID: SA11.14097875
 Amount of Each Receipt this Period: 15000.00
CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
COVIDIEN PAC

Mailing Address 900 7TH STREET NW
SUITE 975

City WASHINGTON State DC Zip Code 20001-4023

FEC ID number of contributing federal political committee. **C** C00433490

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 02 / 2011
Transaction ID: SA11.14066535
 Amount of Each Receipt this Period: 5000.00
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► 35000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 387 / 534
(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)
CREDIT SUISSE SECURITIES (USA) PAC

Mailing Address 1201 F STREET, NW
SUITE 450

City State Zip Code
WASHINGTON DC 20004-1214

FEC ID number of contributing federal political committee. **C** C00111559

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	1

Transaction ID: SA11.14085470

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
DOMINION PAC

Mailing Address 444 N. CAPITOL STREET NW
SUITE 729

City State Zip Code
WASHINGTON DC 20001-1580

FEC ID number of contributing federal political committee. **C** C00108209

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14105338

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
EMD SERONO INC. PAC

Mailing Address 975 F. STREET NW
SUITE 330

City State Zip Code
WASHINGTON DC 20004-1460

FEC ID number of contributing federal political committee. **C** C00258236

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	4	/	2	0	1	1

Transaction ID: SA11.14072484

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 388 / 534
(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)
ERNST & YOUNG PAC

Mailing Address 1101 NEW YORK AVENUE NW

City State Zip Code
WASHINGTON DC 20005-4269

FEC ID number of contributing federal political committee. **C** C00227744

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	1	1

Transaction ID: SA11.14066527

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
GENERAL ELECTRIC PAC

Mailing Address 1299 PENNSYLVANIA AVENUE NW
SUITE 1100

City State Zip Code
WASHINGTON DC 20004-2414

FEC ID number of contributing federal political committee. **C** C00024869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	1

Transaction ID: SA11.14085457

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
GOLDMAN SACHS PAC

Mailing Address 101 CONSTITUTION AVENUE, NW
SUITE 1000 EAST

City State Zip Code
WASHINGTON DC 20001-2133

FEC ID number of contributing federal political committee. **C** C00350744

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	1	1

Transaction ID: SA11.14066534

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 389 / 534
(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)
GROWTH AND PROSPERITY PAC

Mailing Address 831 LINWOOD COURT
SUITE 300

City State Zip Code
BIRMINGHAM AL 35222-4428

FEC ID number of contributing federal political committee. **C** C00388793

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	5	/	2	0	1	1

Transaction ID: SA11.14097876

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
HARRIS CORPORATION PAC

Mailing Address 600 MARYLAND AVENUE SW
SUITE 850E

City State Zip Code
WASHINGTON DC 20024-2566

FEC ID number of contributing federal political committee. **C** C00100321

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Transaction ID: SA11.14097903

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
HERBALIFE INTERNATIONAL PAC

Mailing Address 1200 G STREET, NW
SUITE 800

City State Zip Code
WASHINGTON DC 20005-6705

FEC ID number of contributing federal political committee. **C** C00393298

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	7	/	2	0	1	1

Transaction ID: SA11.14072493

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **40000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 390 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) HUMANA INC. PAC		Date of Receipt
	Mailing Address 975 F STREET, NW SUITE 550		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20004-1458
	FEC ID number of contributing federal political committee. C C00271007		Transaction ID: SA11.14105337
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15000.00"/>
		<input type="text" value="15000.00"/>	CONTRIBUTION

B.	Full Name (Last, First, Middle Initial) INVESTMENT COMPANY INSTITUTE PAC ICI		Date of Receipt
	Mailing Address 1401 H STREET NW 12TH FL. STE. 1200		<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	WASHINGTON	DC	20005-2110
	FEC ID number of contributing federal political committee. C C00105981		Transaction ID: SA11.14072485
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="15000.00"/>
		<input type="text" value="15000.00"/>	CONTRIBUTION

C.	Full Name (Last, First, Middle Initial) JM FAMILY ENTERPRISES INC. PAC		Date of Receipt
	Mailing Address 111 JIM MORAN BLVD.		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
	City	State	Zip Code
	DEERFIELD BEACH	FL	33442-1701
	FEC ID number of contributing federal political committee. C C00240911		Transaction ID: SA11.14085472
Name of Employer		Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="2500.00"/>
		<input type="text" value="2500.00"/>	CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 391 / 534
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.	Full Name (Last, First, Middle Initial) KRAFT FOODS PAC	Date of Receipt MM / DD / YYYY 02 / 02 / 2011
	Mailing Address 975 F STREET NW SUITE 1000	Transaction ID: SA11.14066530
	City State Zip Code WASHINGTON DC 20004-1467	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C C00077701	CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	
B.	Full Name (Last, First, Middle Initial) LIBERTY PAC	Date of Receipt MM / DD / YYYY 02 / 17 / 2011
	Mailing Address 1101 HIGHWAY 77 SUITE A.	Transaction ID: SA11.14097895
	City State Zip Code BRIDGETON NJ 08302-3649	Amount of Each Receipt this Period 30000.00
	FEC ID number of contributing federal political committee. C C00385286	CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30000.00	
C.	Full Name (Last, First, Middle Initial) MARATHON OIL CORPORATION PAC	Date of Receipt MM / DD / YYYY 02 / 24 / 2011
	Mailing Address 1101 PENNSYLVANIA AVENUE NW SUITE 510	Transaction ID: SA11.14123615
	City State Zip Code WASHINGTON DC 20004-2514	Amount of Each Receipt this Period 15000.00
	FEC ID number of contributing federal political committee. C C00040568	CONTRIBUTION
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 15000.00	

SUBTOTAL of Receipts This Page (optional) ▶

50000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 392 / 534
(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)
NATIONAL ACTIVE AND RETIRED FEDERAL EMPLOYEES ASSN PAC

Mailing Address 606 N. WASHINGTON STREET

City State Zip Code
ALEXANDRIA VA 22314-1914

FEC ID number of contributing federal political committee. **C** C00091561

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 5 / 2 0 1 1

Transaction ID: SA11.14097877

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF HOME BUILDERS (BUILD PAC)

Mailing Address 1201 15TH STREET NW

City State Zip Code
WASHINGTON DC 20005-2800

FEC ID number of contributing federal political committee. **C** C00000901

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 2 3 / 2 0 1 1

Transaction ID: SA11.14105333

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NATIONAL CABLE AND TELECOMM ASSOCIATION, PAC

Mailing Address 25 MASSACHUSETTS AVE. NW, STE. 100

City State Zip Code
WASHINGTON DC 20001-1434

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104839

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **45000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(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)
NATIONAL RURAL LETTER CARRIERS' ASSOCIATION, PAC

Mailing Address 1630 DUKE STREET, 4TH FLOOR

City State Zip Code
ALEXANDRIA VA 22314-3426

FEC ID number of contributing federal political committee. **C** C00072025

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113267

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
NEW YORK LIFE INSURANCE PAC

Mailing Address 901 15TH STREET, SUITE 600

City State Zip Code
WASHINGTON DC 20005-2324

FEC ID number of contributing federal political committee. **C** C00158881

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2011

Transaction ID: SA11.14085474

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
NORFOLK SOUTHERN COMPANY GOOD GOVERNMENT FUND

Mailing Address 1 CONSTITUTION AVENUE, NE SUITE 30

City State Zip Code
WASHINGTON DC 20002-5618

FEC ID number of contributing federal political committee. **C** C00009282

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
MM / DD / YYYY
02 / 18 / 2011

Transaction ID: SA11.14104834

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **35000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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(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)
NORTHROP GRUMMAN, PAC (ENGPAC)

Mailing Address 1000 WILSON BLVD.
SUITE 2300

City State Zip Code
ARLINGTON VA 22209-2278

FEC ID number of contributing federal political committee. **C** C00088591

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14105336

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
OB-GYN PAC

Mailing Address 409 12TH STREET SW

City State Zip Code
WASHINGTON DC 20024-2125

FEC ID number of contributing federal political committee. **C** C00364158

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	3	/	2	0	1	1

Transaction ID: SA11.14113269

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
OCPAC

Mailing Address 976 PACIFIC AVENUE

City State Zip Code
WILLOWS CA 95988-9788

FEC ID number of contributing federal political committee. **C** C00424358

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: SA11.14104840

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **40000.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 395 / 534
(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)
PARSONS BRINKERHOFF, INC. PAC

Mailing Address 1401 K. STREET NW
SUITE 701

City State Zip Code
WASHINGTON DC 20005-3430

FEC ID number of contributing federal political committee. **C** C00287003

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	1	1

Transaction ID: SA11.14085463

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B. Full Name (Last, First, Middle Initial)
PATRIOT COAL CORPORATION PAC

Mailing Address 12312 OLIVE BLVD
SUITE 400

City State Zip Code
ST. LOUIS MO 63141-6448

FEC ID number of contributing federal political committee. **C** C00452524

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	1	1

Transaction ID: SA11.14085456

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

C. Full Name (Last, First, Middle Initial)
POWERPAC OF THE EDISON ELECTRIC INSTITUTE

Mailing Address 701 PENNSYLVANIA AVENUE NW

City State Zip Code
WASHINGTON DC 20004-2608

FEC ID number of contributing federal political committee. **C** C00095869

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: SA11.14123612

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ► **30000.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 396 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
PPL CORPORATION PAC

Mailing Address 900 7TH STREET, NW, SUITE 510

City State Zip Code
WASHINGTON DC 20001-3888

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104835

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
PPL CORPORATION PAC

Mailing Address 900 7TH STREET, NW, SUITE 510

City State Zip Code
WASHINGTON DC 20001-3888

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104836

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PPL CORPORATION PAC

Mailing Address 900 7TH STREET, NW, SUITE 510

City State Zip Code
WASHINGTON DC 20001-3888

FEC ID number of contributing federal political committee. **C** C00228106

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104837

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

15000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
QUALCOMM INCORPORATED POLITICAL ACTION COMMITTEE
Mailing Address 2001 PENNSYLVANIA AVE NW STE 650

City State Zip Code
WASHINGTON DC 20006-1883

FEC ID number of contributing federal political committee. **C** C00339085

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2011

Transaction ID: SA11.14072490

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
REGENCE BLUEPAC
Mailing Address 1310 G STREET, NW 12TH FLOOR

City State Zip Code
WASHINGTON DC 20005-3001

FEC ID number of contributing federal political committee. **C** C00252684

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14105340

Amount of Each Receipt this Period
2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
REGENCE BLUEPAC
Mailing Address 1310 G STREET, NW 12TH FLOOR

City State Zip Code
WASHINGTON DC 20005-3001

FEC ID number of contributing federal political committee. **C** C00252684

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 7500.00

Date of Receipt
MM / DD / YYYY
02 / 23 / 2011

Transaction ID: SA11.14113266

Amount of Each Receipt this Period
5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 534

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
RR DONNELLEY, PAC

Mailing Address 99 PARK AVENUE, 14TH FLOOR

City State Zip Code
NEW YORK NY 10016-1601

FEC ID number of contributing federal political committee. **C** C00033977

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.14072494

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
SOLAR ENERGY INDUSTRIES ASSOCIATION PAC

Mailing Address 575 7TH ST NW STE 400

City State Zip Code
WASHINGTON DC 20004-1612

FEC ID number of contributing federal political committee. **C** C00421982

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.14072491

Amount of Each Receipt this Period

5000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SWEDISH MATCH PAC

Mailing Address 7300 BEAUFONT SPRINGS DR.
P.O. BOX 13297

City State Zip Code
RICHMOND VA 23225-5551

FEC ID number of contributing federal political committee. **C** C00215053

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 1 1

Transaction ID: SA11.14123613

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

21000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 399 / 534
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
T- MOBILE PAC

Mailing Address 401 9TH STREET NW
SUITE 550

City State Zip Code
WASHINGTON DC 20004-2141

FEC ID number of contributing federal political committee. **C** C00361758

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11.14066532

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
THE ACXIOM CORP. ASSOCIATES PAC

Mailing Address 1 INFORMATION WAY

City State Zip Code
LITTLE ROCK AR 72202-2289

FEC ID number of contributing federal political committee. **C** C00350835

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 1 1

Transaction ID: SA11.14104832

Amount of Each Receipt this Period

2500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
THE FREEDOM PROJECT

Mailing Address 424 C. STREET NE

City State Zip Code
WASHINGTON DC 20002-5818

FEC ID number of contributing federal political committee. **C** C00305805

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA11.14120160

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

32500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 534
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

A.

Full Name (Last, First, Middle Initial)
UNITED STATES STEEL PAC

Mailing Address 1101 PENNSYLVANIA AVE, NW
SUITE 510

City State Zip Code
WASHINGTON DC 20004-2514

FEC ID number of contributing federal political committee. **C** C00030676

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14066537

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
UNITED TRANSPORTATION UNION, PAC

Mailing Address 304 PENNSYLVANIA AVENUE SE

City State Zip Code
WASHINGTON DC 20003-1147

FEC ID number of contributing federal political committee. **C** C00001636

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 3 / 2 0 1 1

Transaction ID: SA11.14066539

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
UNUM POLITICAL ACTION COMMITTEE

Mailing Address 601 PENNSYLVANIA AVENUE, NW
STE. 900 S. BLDG.

City State Zip Code
WASHINGTON DC 20004-2601

FEC ID number of contributing federal political committee. **C** C00177436

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 7 / 2 0 1 1

Transaction ID: SA11.14072496

Amount of Each Receipt this Period

15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

45000.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 401 / 534
(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)
VERIZON COMMUNICATIONS GOOD GOVT CLUB

Mailing Address 1300 I. STREET NW
SUITE 400 WEST

City State Zip Code
WASHINGTON DC 20005-3306

FEC ID number of contributing federal political committee. **C** C00186288

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
15000.00

Date of Receipt
 M M / D D / Y Y Y Y
 0 2 / 0 2 / 2 0 1 1

Transaction ID: SA11.14066533

Amount of Each Receipt this Period
15000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)	▶	15000.00
TOTAL This Period (last page this line number only)	▶	1121000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 402 / 534
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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

A. Full Name (Last, First, Middle Initial)
BOEHNER FOR SPEAKER COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 284130.53

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA12.BFS001
Amount of Each Receipt this Period: 284130.53
TRANSFER OF JOINT FUNDRAISING PROCEEDS

B. Full Name (Last, First, Middle Initial)
MR. AUGUST A. BUSCH

Mailing Address ONE MID RIVERS MALL DRIVE SUITE 210

City SAINT PETERS State MO Zip Code 63376-4322

FEC ID number of contributing federal political committee. **C**

Name of Employer ANHEUSER-BUSCH Occupation CHAIRMAN EMERITUS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA12.14140600
Amount of Each Receipt this Period: 30800.00
JFC ATTRIBUTION: BOEHNER FOR SPEAKER
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MR. NICHOLAS E. CALIO

Mailing Address 1301 PENNSYLVANIA AVENUE NW #1100

City WASHINGTON State DC Zip Code 20004-1738

FEC ID number of contributing federal political committee. **C**

Name of Employer AIR TRANSPORT ASSOCIATION Occupation EXECUTIVE

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA12.14140596
Amount of Each Receipt this Period: 5000.00
JFC ATTRIBUTION: BOEHNER FOR SPEAKER
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 284130.53

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 534
(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. ROGER N. CHENEY

Mailing Address 10441 EAST WINDROSE DRIVE

City State Zip Code
SCOTTSDALE AZ 85259-2423

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
SOUTHWEST RETIREMENT CORP. OWNER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA12.14140595

Amount of Each Receipt this Period
2200.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. JOHN DONAHUE

Mailing Address 1001 LIBERTY DRIVE
SUITE 850

City State Zip Code
PITTSBURGH PA 15222-3718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
FEDERATED INVESTORS CHAIRMAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA12.14140607

Amount of Each Receipt this Period
30800.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MRS. RHODORA DONAHUE

Mailing Address 1001 LIBERTY AVENUE
SUITE 850

City State Zip Code
PITTSBURGH PA 15222-3718

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
HOMEMAKER HOMEMAKER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2011

Transaction ID: SA12.14140608

Amount of Each Receipt this Period
30800.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 404 / 534
(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. JOHN FAUTH

Mailing Address 1599 GALLEON DRIVE
1599 GALLEON DRIVE

City State Zip Code
NAPLES FL 34102-7715

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
CHURCHILL INDUSTRIES OWNER, PRESIDENT & CEO

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA12.14140598

Amount of Each Receipt this Period
5000.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. BRIAN VAUGHAN MCCORMACK

Mailing Address 1200 14TH ST., NW APT. 1006

City State Zip Code
WASHINGTON DC 20005-4133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA12.14140597

Amount of Each Receipt this Period
5000.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
DONNA MOORE

Mailing Address 8976 CROOKED STICK COURT

City State Zip Code
NAPLES FL 34113-1678

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
STUDENT STUDENT

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30800.00

Date of Receipt
M M / D D / Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA12.14140602

Amount of Each Receipt this Period
30800.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 405 / 534
(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. KEVIN P. MOORE

Mailing Address 8976 CROOKED STICK CT.

City State Zip Code
NAPLES FL 34113-1678

FEC ID number of contributing federal political committee. **C**

Name of Employer ROONEY HOLDINGS, INC. Occupation CFO

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 30800.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA12.14140599
Amount of Each Receipt this Period: 30800.00
JFC ATTRIBUTION: BOEHNER FOR SPEAKER
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. FRANCIS FRANCIS ROONEY, III

Mailing Address 5601 SOUTH 122ND EAST AVENUE

City State Zip Code
TULSA OK 74146-6912

FEC ID number of contributing federal political committee. **C**

Name of Employer ROONEY HOLDINGS Occupation CHAIRMAN

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 30800.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA12.14140603
Amount of Each Receipt this Period: 30800.00
JFC ATTRIBUTION: BOEHNER FOR SPEAKER
[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
MS. KATHLEEN C. ROONEY

Mailing Address 800 ADMIRALTY PARADE

City State Zip Code
NAPLES FL 34102-7875

FEC ID number of contributing federal political committee. **C**

Name of Employer HOMEMAKER Occupation HOMEMAKER

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 30800.00

Date of Receipt: 02 / 28 / 2011
Transaction ID: SA12.14140606
Amount of Each Receipt this Period: 30800.00
JFC ATTRIBUTION: BOEHNER FOR SPEAKER
[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ 0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 406 / 534
(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. LAURENCE ROONEY

Mailing Address 2145 NORTH RACINE AVENUE
APARTMENT 2

City State Zip Code
CHICAGO IL 60614-4001

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ROONEY FOUNDATION DIRECTOR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA12.14140604

Amount of Each Receipt this Period
30800.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
MR. MICHAEL ROONEY

Mailing Address 2000 NORTH STREET NW
APARTMENT 102

City State Zip Code
WASHINGTON DC 20036-2804

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 30800.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA12.14140605

Amount of Each Receipt this Period
30800.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

C. Full Name (Last, First, Middle Initial)
APOLLO GROUP INC PAC

Mailing Address 4615 EAST ELWOOD STREET
SUITE 400

City State Zip Code
PHOENIX AZ 85040-1958

FEC ID number of contributing federal political committee. **C** C00309781

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 15000.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 1 1

Transaction ID: SA12.14140601

Amount of Each Receipt this Period
15000.00

JFC ATTRIBUTION: BOEHNER FOR SPEAKER

[MEMO ITEM]

SUBTOTAL of Receipts This Page (optional) ▶ **0.00**

TOTAL This Period (last page this line number only) ▶ **284130.53**

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JACKIE M BARBER	Transaction ID: SB21-0.018131
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 508.50
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) JACKIE M BARBER	Transaction ID: SB21-0.018261
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2489.54
	Purpose of Disbursement PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) JACKIE M BARBER	Transaction ID: SB21-0.018406
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2485.06
	Purpose of Disbursement PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5483.10
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 408 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CREIGH BEHNKE	Transaction ID: SB21-0.018262 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1246.70
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CREIGH BEHNKE	Transaction ID: SB21-0.018408 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1242.23
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JONATHAN BENNETT	Transaction ID: SB21-0.018263 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 911.79
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

3400.72

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JONATHAN BENNETT	Transaction ID: SB21-0.018410 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 899.46
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JONATHAN BENNETT	Transaction ID: SB21-0.018563 Date of Disbursement 02 / 28 / 2011
	Mailing Address 320 FIRST STREET SE, 2ND FLOOR	Amount of Each Disbursement this Period 213.94
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JONATHAN R BLACK	Transaction ID: SB21-0.018264 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 3550.33
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4663.73
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) JONATHAN R BLACK</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018411</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3538.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) MICHAEL F BOBER</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018265</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2781.33"/></p>
<p>C. Full Name (Last, First, Middle Initial) MICHAEL F BOBER</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018413</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2769.01"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="9088.34"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) KEVIN BOLAND	Transaction ID: SB21-0.018273
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 653.09
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KEVIN BOLAND	Transaction ID: SB21-0.018415
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 648.60
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANDREA BOZEK	Transaction ID: SB21-0.018267
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1898.06
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	3199.75
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ANDREA BOZEK	Transaction ID: SB21-0.018417 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1893.60
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WHITNEY BRIGHTON	Transaction ID: SB21-0.018268 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 859.17
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WHITNEY BRIGHTON	Transaction ID: SB21-0.018419 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 854.69
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3607.46
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOANNA BURGOS	Transaction ID: SB21-0.018132
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 71.23
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) JOANNA BURGOS	Transaction ID: SB21-0.018274
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2913.01
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) JOANNA BURGOS	Transaction ID: SB21-0.018421
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2900.68
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

5884.92

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) JEFFREY BURTON</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018270</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4513.47"/></p>
<p>B. Full Name (Last, First, Middle Initial) JEFFREY BURTON</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018424</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4501.14"/></p>
<p>C. Full Name (Last, First, Middle Initial) ERIM V CANLIGIL</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018271</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1275.23"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="10289.84"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ERIM V CANLIGIL <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018425 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2214.27
B. Full Name (Last, First, Middle Initial) RYAN CARNEY <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018272 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 3227.74
C. Full Name (Last, First, Middle Initial) RYAN CARNEY <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018428 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3215.42

SUBTOTAL of Disbursements This Page (optional) ▶

8657.43

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) CHRIS CARR</p> <p>Mailing Address 2267 DESERT PRAIRIE ST</p> <p>City LAS VEGAS State NV Zip Code 89135</p> <p>Purpose of Disbursement POLITICAL STRATEGY CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018033</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="10000.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) CHRIS CARR</p> <p>Mailing Address 2267 DESERT PRAIRIE ST</p> <p>City LAS VEGAS State NV Zip Code 89135</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018134</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1343.11"/></p>
<p>C. Full Name (Last, First, Middle Initial) BENJAMIN J CASSIDY</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018275</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1164.12"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) BENJAMIN J CASSIDY</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018430</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2666.58"/></p>
<p>B. Full Name (Last, First, Middle Initial) STEPHEN CASSIDY</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018276</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1083.12"/></p>
<p>C. Full Name (Last, First, Middle Initial) STEPHEN CASSIDY</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018433</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1078.65"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4828.35"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SARAH CLAMP	Transaction ID: SB21-0.018277 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 187.72
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ALLISON COCCIA	Transaction ID: SB21-0.018434 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 2020.37
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN CRISCUOLO	Transaction ID: SB21-0.018243 Date of Disbursement 02 / 17 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 10533.39
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	12741.48
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) JOHN R CRISCUOLO</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018278</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1104.60"/></p>
<p>B. Full Name (Last, First, Middle Initial) JOHN R CRISCUOLO</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018436</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1100.13"/></p>
<p>C. Full Name (Last, First, Middle Initial) ERICA CROCKER</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018279</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1324.15"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3528.88"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ERICA CROCKER	Transaction ID: SB21-0.018438 Date of Disbursement																			
	Mailing Address 320 1ST ST SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL	<table border="1"><tr><td>1319.70</td></tr></table>	1319.70																		
1319.70																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) CALEB F CROSBY	Transaction ID: SB21-0.018280 Date of Disbursement																			
	Mailing Address 320 1ST ST SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL	<table border="1"><tr><td>4552.85</td></tr></table>	4552.85																		
4552.85																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) CALEB F CROSBY	Transaction ID: SB21-0.018440 Date of Disbursement																			
	Mailing Address 320 1ST ST SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL	<table border="1"><tr><td>4540.52</td></tr></table>	4540.52																		
4540.52																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>10413.07</td></tr></table>	10413.07
10413.07		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) LUCY CROXTON	Transaction ID: SB21-0.018284
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1144.38
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LUCY CROXTON	Transaction ID: SB21-0.018444
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1139.91
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LUCY NOELL CROXTON	Transaction ID: SB21-0.018207
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 390.07
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2674.36
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
MEGAN CUMMINGS

Transaction ID: SB21-0.018446
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

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2638.36

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BRITTANY CURLEY

Transaction ID: SB21-0.018283
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1195.19

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BRITTANY CURLEY

Transaction ID: SB21-0.018447
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1190.72

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

5024.27

TOTAL This Period (last page this line number only) ►

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) EMILY DAVIS <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018282 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2459.50
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) EMILY DAVIS <hr/> Mailing Address 320 FIRST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018382 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 128.78
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) EMILY DAVIS <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018448 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2455.04
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

5043.32

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JORDAN N DAVIS Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018285 Date of Disbursement 02 / 11 / 2011	Amount of Each Disbursement this Period 2435.64
B.	Full Name (Last, First, Middle Initial) JORDAN N DAVIS Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018450 Date of Disbursement 02 / 25 / 2011	Amount of Each Disbursement this Period 2423.30
C.	Full Name (Last, First, Middle Initial) LEAH DOW Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018286 Date of Disbursement 02 / 11 / 2011	Amount of Each Disbursement this Period 995.47

SUBTOTAL of Disbursements This Page (optional)	5854.41
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) LEAH DOW</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018455</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="991.02"/></p>
<p>B. Full Name (Last, First, Middle Initial) THOMAS J DUNN</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018287</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2216.35"/></p>
<p>C. Full Name (Last, First, Middle Initial) THOMAS J DUNN</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018457</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2211.86"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5419.23"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) GEOFFREY EMBLER	Transaction ID: SB21-0.018288 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 3594.90
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GEOFFREY EMBLER	Transaction ID: SB21-0.018461 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 3594.91
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GABRIELE FORSYTH	Transaction ID: SB21-0.018289 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 2404.50
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	9594.31
TOTAL This Period (last page this line number only)	▶	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GABRIELE FORSYTH

Transaction ID: SB21-0.018459
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2400.03

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
SAMUEL FOSDICK

Transaction ID: SB21-0.018290
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

986.73

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
SAMUEL FOSDICK

Transaction ID: SB21-0.018463
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

982.26

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

4369.02

TOTAL This Period (last page this line number only)

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JESSICA C FURST	Transaction ID: SB21-0.018137 Date of Disbursement 02 / 04 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 264.63
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSICA C FURST	Transaction ID: SB21-0.018291 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 4107.10
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JESSICA C FURST	Transaction ID: SB21-0.018465 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 4102.64
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	8474.37
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) TIMOTHY M GARON	Transaction ID: SB21-0.018292 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 2449.40
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) TIMOTHY M GARON	Transaction ID: SB21-0.018467 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1383.02
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BRANDON GRAVLEY	Transaction ID: SB21-0.018569 Date of Disbursement 02 / 28 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 199.49
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	4031.91
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
GEORGE G GRIFFIN

Transaction ID: SB21-0.018293
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2976.51

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
GEORGE G GRIFFIN

Transaction ID: SB21-0.018469
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2964.19

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
ORRIN L HARRISON

Transaction ID: SB21-0.018210
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
TRAVEL

--

3204.49

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

9145.19

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 431 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ORRIN L HARRISON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018294 Date of Disbursement 02 / 11 / 2011 <hr/> Amount of Each Disbursement this Period 3898.88
B.	Full Name (Last, First, Middle Initial) ORRIN L HARRISON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018471 Date of Disbursement 02 / 25 / 2011 <hr/> Amount of Each Disbursement this Period 6664.96
C.	Full Name (Last, First, Middle Initial) KAYLEE HEATHCOTT <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018295 Date of Disbursement 02 / 11 / 2011 <hr/> Amount of Each Disbursement this Period 1144.38

SUBTOTAL of Disbursements This Page (optional) ▶

11708.22

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
KAYLEE HEATHCOTT

Transaction ID: SB21-0.018473
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1139.91

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
HEATHER HENDERSON

Transaction ID: SB21-0.018296
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2795.83

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
HEATHER HENDERSON

Transaction ID: SB21-0.018475
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2791.36

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6727.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) LIESL HICKEY <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018297 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 3741.28
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) LIESL HICKEY <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018477 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 3728.93
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) TYLER HOULTON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018298 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1057.07
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

8527.28

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) TYLER HOULTON	Transaction ID: SB21-0.018479 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1898.30
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) CURTIS ISAKSON	Transaction ID: SB21-0.018212 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 7908.87
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement TRAVEL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) CURTIS ISAKSON	Transaction ID: SB21-0.018299 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1618.06
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

11425.23

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CURTIS ISAKSON

Transaction ID: SB21-0.018481
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1613.58

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
JAMES R JETTON

Transaction ID: SB21-0.018300
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2573.52

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
JAMES R JETTON

Transaction ID: SB21-0.018487
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2569.06

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

6756.16

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) TODD R JOHNSON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018302 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2243.46
B. Full Name (Last, First, Middle Initial) TODD R JOHNSON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018485 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2238.99
C. Full Name (Last, First, Middle Initial) ERIC JOYNER <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018489 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1428.64

SUBTOTAL of Disbursements This Page (optional) ▶

5911.09

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MARY E KAHLSTORF	Transaction ID: SB21-0.018301
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1759.46
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MARY E KAHLSTORF	Transaction ID: SB21-0.018491
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1754.99
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) MICHAEL R KAPLAN	Transaction ID: SB21-0.018213
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 423.48
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3937.93
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) MICHAEL R KAPLAN</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018303</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1281.22</p>
<p>B. Full Name (Last, First, Middle Initial) MICHAEL R KAPLAN</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018493</p> <p>Date of Disbursement 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 1276.77</p>
<p>C. Full Name (Last, First, Middle Initial) NICHOLAS KARELLAS</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018304</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 1356.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3914.04

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 439 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ADAM KINCAID	Transaction ID: SB21-0.018306 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="2262.99"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ADAM KINCAID	Transaction ID: SB21-0.018495 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> / <input type="text" value="25"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="2473.58"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ROBYN KNECHT	Transaction ID: SB21-0.018305 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="1659.65"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6396.22"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ROBYN KNECHT

Transaction ID: SB21-0.018501
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1655.18

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
JANICE L KNOPP

Transaction ID: SB21-0.018038
Date of Disbursement

Mailing Address 236 KENTUCKY AVE SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
FINANCE CONSULTING

--

10000.00

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
THEODORE KWONG

Transaction ID: SB21-0.018307
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1384.93

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

13040.11

TOTAL This Period (last page this line number only)

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) THEODORE KWONG</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018499</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1384.92"/></p>
<p>B. Full Name (Last, First, Middle Initial) COLIN LARSON</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018308</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1275.74"/></p>
<p>C. Full Name (Last, First, Middle Initial) COLIN LARSON</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018503</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1271.27"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="3931.93"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ALEXANDER LAWHON	Transaction ID: SB21-0.018309 Date of Disbursement																			
	Mailing Address 320 1ST ST SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL	<table border="1"><tr><td>3323.78</td></tr></table>	3323.78																		
3323.78																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) ALEXANDER LAWHON	Transaction ID: SB21-0.018505 Date of Disbursement																			
	Mailing Address 320 1ST ST SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	5		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	5		2	0	1	1												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PAYROLL	<table border="1"><tr><td>3311.43</td></tr></table>	3311.43																		
3311.43																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) ALEXANDER LAWHON	Transaction ID: SB21-0.018574 Date of Disbursement																			
	Mailing Address 320 FIRST STREET SE	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	8		2	0	1	1												
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period																			
	Purpose of Disbursement TRAVEL	<table border="1"><tr><td>632.30</td></tr></table>	632.30																		
632.30																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7267.51</td></tr></table>	7267.51
7267.51		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SHAUN LEDGERWOOD	Transaction ID: SB21-0.018310 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="2151.61"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SHAUN LEDGERWOOD	Transaction ID: SB21-0.018507 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="2139.28"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PAUL A LINDSAY	Transaction ID: SB21-0.018311 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="3703.26"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="7994.15"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) PAUL A LINDSAY	Transaction ID: SB21-0.018509
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 3698.77
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BROCK LOWRENCE	Transaction ID: SB21-0.018511
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 984.37
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) REBECCA MARK	Transaction ID: SB21-0.018513
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1427.30
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	6110.44
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHRISTINE MARTIN	Transaction ID: SB21-0.018039 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement LEGAL CONSULTING	<input type="text" value="2000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) SALVATORE MAZZOLA	Transaction ID: SB21-0.018214 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement TRAVEL	<input type="text" value="610.80"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SALVATORE MAZZOLA	Transaction ID: SB21-0.018313 Date of Disbursement
	Mailing Address 320 1ST ST SE	<input type="text" value="02"/> / <input type="text" value="11"/> / <input type="text" value="2011"/>
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL	<input type="text" value="2235.75"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="4846.55"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SALVATORE MAZZOLA	Transaction ID: SB21-0.018517
	Mailing Address 320 1ST ST SE	Date of Disbursement 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2223.42
	Purpose of Disbursement PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) SALLY MCALLISTER	Transaction ID: SB21-0.018252
	Mailing Address 320 1ST ST SE	Date of Disbursement 02 / 18 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 449.00
	Purpose of Disbursement TRAVEL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) SALLY D MCALLISTER	Transaction ID: SB21-0.018314
	Mailing Address 320 1ST ST SE	Date of Disbursement 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2608.02
	Purpose of Disbursement PAYROLL	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	5280.44
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) SALLY D MCALLISTER</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018515</p> <p>Date of Disbursement 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 2603.54</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) BROCK MCCLEARY</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018315</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 3304.93</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) BROCK MCCLEARY</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018523</p> <p>Date of Disbursement 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 3292.59</p>

SUBTOTAL of Disbursements This Page (optional) ►

9201.06

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 448 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) KEVIN W MCGRANN	Transaction ID: SB21-0.018316 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 635.61
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KEVIN W MCGRANN	Transaction ID: SB21-0.018519 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 631.12
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CHRISTOPHER MCNULTY	Transaction ID: SB21-0.018317 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 6487.89
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	7754.62
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

PAGE 449 / 534

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CHRISTOPHER MCNULTY Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018525 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1	Amount of Each Disbursement this Period 2837.19
B.	Full Name (Last, First, Middle Initial) CATHERINE K MILLER Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018323 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	Amount of Each Disbursement this Period 2121.46
C.	Full Name (Last, First, Middle Initial) CATHERINE K MILLER Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018521 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1	Amount of Each Disbursement this Period 2117.00

SUBTOTAL of Disbursements This Page (optional)		7075.65	
TOTAL This Period (last page this line number only)			

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
BRANDON MILLS

Transaction ID: SB21-0.018319
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1148.88

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BRANDON MILLS

Transaction ID: SB21-0.018527
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

1144.41

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
JENNIFER NELSON

Transaction ID: SB21-0.013799
Date of Disbursement

Mailing Address 320 FIRST STREET SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20002

Amount of Each Disbursement this Period

Purpose of Disbursement
VOID CHECK

--

-12.53

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

2280.76

TOTAL This Period (last page this line number only) ▶

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
JOHN D NEUMANN

Transaction ID: SB21-0.018324
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

2742.67

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

B.

Full Name (Last, First, Middle Initial)
BENJAMIN M OTTENHOFF

Transaction ID: SB21-0.018326
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

3097.17

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)
BENJAMIN M OTTENHOFF

Transaction ID: SB21-0.018529
Date of Disbursement

Mailing Address 320 1ST ST SE

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

Purpose of Disbursement
PAYROLL

--

3084.84

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

8924.68

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) LIBRADO PADILLA <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018328 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 2734.02
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) LIBRADO PADILLA <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018555 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2729.55
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) THOMAS PREWITT <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018329 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1222.04
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

6685.61

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) THOMAS PREWITT	Transaction ID: SB21-0.018531 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1624.33
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOHN R RANDALL	Transaction ID: SB21-0.018330 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 3281.81
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN R RANDALL	Transaction ID: SB21-0.018533 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 3269.46
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8175.60
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CELIA RILEY	Transaction ID: SB21-0.018331
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1786.15
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CELIA RILEY	Transaction ID: SB21-0.018537
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1781.68
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) JOHN ROGERS	Transaction ID: SB21-0.018539
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 2751.50
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	6319.33
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JESSE H ROMAN	Transaction ID: SB21-0.018333 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1177.81
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JESSE H ROMAN	Transaction ID: SB21-0.018540 Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1173.34
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PABLO SANCHEZ	Transaction ID: SB21-0.018041 Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	Mailing Address 1032 N DANVILLE ST	Amount of Each Disbursement this Period 5750.00
	City ARLINGTON State VA Zip Code 22204	
	Purpose of Disbursement PERSONNEL SVC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	8101.15
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JOSEPH G SCIARRINO	Transaction ID: SB21-0.018336 Date of Disbursement 02 / 11 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1207.31
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) JOSEPH G SCIARRINO	Transaction ID: SB21-0.018541 Date of Disbursement 02 / 25 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 1202.84
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PETE SESSIONS	Transaction ID: SB21-0.018394 Date of Disbursement 02 / 24 / 2011
	Mailing Address 320 1ST ST SE	Amount of Each Disbursement this Period 39.18
	City WASHINGTON State DC Zip Code 20003	
	Purpose of Disbursement TRAVEL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2449.33
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement TRAVEL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018256 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 231.05
B.	Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018339 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 4308.07
C.	Full Name (Last, First, Middle Initial) JENNIFER S SHEFFIELD <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement PAYROLL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018542 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 4303.61

SUBTOTAL of Disbursements This Page (optional) ►

8842.73

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MIKE S SHIELDS	Transaction ID: SB21-0.018141
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 486.25
	Purpose of Disbursement TRAVEL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) MIKE S SHIELDS	Transaction ID: SB21-0.018341
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 4419.87
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) MIKE S SHIELDS	Transaction ID: SB21-0.018543
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 6650.56
	Purpose of Disbursement PAYROLL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	11556.68
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) VIKRAM SRINIVASAN Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018342 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Amount of Each Disbursement this Period 1468.34
B. Full Name (Last, First, Middle Initial) VIKRAM SRINIVASAN Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018545 Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	Amount of Each Disbursement this Period 1463.88
C. Full Name (Last, First, Middle Initial) SAVANNAH R STEELE Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018344 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Amount of Each Disbursement this Period 1356.40

SUBTOTAL of Disbursements This Page (optional) ▶

4288.62

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SAVANNAH R STEELE	Transaction ID: SB21-0.018546
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 1351.93
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KAYLA SULZER	Transaction ID: SB21-0.018346
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 911.92
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) KAYLA SULZER	Transaction ID: SB21-0.018549
	Mailing Address 320 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 907.47
	Purpose of Disbursement PAYROLL Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	3171.32
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JONATHAN THOMPSON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018348 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1702.39
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JONATHAN THOMPSON <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018547 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1697.91
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HOLLY THURMOND <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018350 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1246.69
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

4646.99

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
HOLLY THURMOND

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-0.018548
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

1242.24

B.

Full Name (Last, First, Middle Initial)
ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
TRAVEL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-0.018238
Date of Disbursement

02 / 11 / 2011

Amount of Each Disbursement this Period

106.00

C.

Full Name (Last, First, Middle Initial)
ELIZABETH W VERRILL

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
PAYROLL

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-0.018550
Date of Disbursement

02 / 25 / 2011

Amount of Each Disbursement this Period

4542.05

SUBTOTAL of Disbursements This Page (optional) ▶

5890.29

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MATT VRIESEMA	Transaction ID: SB21-0.018162 Date of Disbursement 02 / 04 / 2011	
	Mailing Address 470 FAWELL BLVD, #508		
	City GLEN ELLYN State IL Zip Code 60137 Purpose of Disbursement PRINTING Candidate Name	Amount of Each Disbursement this Period 260.00	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) BRIAN O WALSH	Transaction ID: SB21-0.018144 Date of Disbursement 02 / 04 / 2011	
	Mailing Address 320 1ST ST SE		
	City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement TRAVEL Candidate Name	Amount of Each Disbursement this Period 284.45	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) DERBY H WATKINS	Transaction ID: SB21-0.018586 Date of Disbursement 02 / 28 / 2011	
	Mailing Address 16301 KELLY WOODS DRIVE, # 206		
	City FT. MEYERS State FL Zip Code 33908 Purpose of Disbursement FINANCE CONSULTING Candidate Name	Amount of Each Disbursement this Period 5292.04	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5836.49
TOTAL This Period (last page this line number only) ▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DAVID WATTS <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018354 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 3685.74
B. Full Name (Last, First, Middle Initial) DAVID WATTS <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018551 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 2696.93
C. Full Name (Last, First, Middle Initial) KATHERINE WILLIAMS <hr/> Mailing Address 320 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018356 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 933.42

SUBTOTAL of Disbursements This Page (optional)	7316.09
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) KATHERINE WILLIAMS</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018552</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1022.68"/></p>
<p>B. Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018358</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1433.12"/></p>
<p>C. Full Name (Last, First, Middle Initial) CAITLIN WOHLFARTH</p> <p>Mailing Address 320 1ST ST SE</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PAYROLL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018553</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1428.64"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3884.44"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) JOE N WYNN, JR Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018360 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Amount of Each Disbursement this Period 1391.42
B. Full Name (Last, First, Middle Initial) JOE N WYNN, JR Mailing Address 320 1ST ST SE City WASHINGTON State DC Zip Code 20003 Purpose of Disbursement PAYROLL Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018554 Date of Disbursement MM / DD / YYYY 02 / 25 / 2011
	Amount of Each Disbursement this Period 1386.97
C. Full Name (Last, First, Middle Initial) ABIS INC Mailing Address 10330 S DOLFIELD RD City OWINGS MILLS State MD Zip Code 21117 Purpose of Disbursement PRINTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018222 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Amount of Each Disbursement this Period 23128.15

SUBTOTAL of Disbursements This Page (optional) ▶

25906.54

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) ABIS INC</p> <p>Mailing Address 10330 S DOLFIELD RD</p> <p>City OWINGS MILLS State MD Zip Code 21117</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018248</p> <p>Date of Disbursement 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 16690.45</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) ALTRIA CLIENT SERVICES</p> <p>Mailing Address 101 CONSTITUTION AVENUE NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement FACILITY RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018223</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 700.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018401</p> <p>Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 39585.12</p>

SUBTOTAL of Disbursements This Page (optional) ▶

56975.57

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS</p> <p>Mailing Address 9955 AIRTRAN BLVD</p> <p>City ORLANDO State FL Zip Code 32827</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021671</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 262.70</p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AIRTRAN AIRWAYS</p> <p>Mailing Address 9955 AIRTRAN BLVD</p> <p>City ORLANDO State FL Zip Code 32827</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021673</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 474.10</p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address PO BOX 620081</p> <p>City DALLAS State TX Zip Code 75262</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021675</p> <p>Date of Disbursement MM / DD / YYYY 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 824.80</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address PO BOX 620081</p> <p>City DALLAS State TX Zip Code 75262</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021677</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="275.40"/></p> <p>[MEMO ITEM]</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN AIRLINES</p> <p>Mailing Address PO BOX 620081</p> <p>City DALLAS State TX Zip Code 75262</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021679</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="275.40"/></p> <p>[MEMO ITEM]</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement SUBSCRIPTION</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021735</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="75.00"/></p> <p>[MEMO ITEM]</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="0.00"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text" value=""/></p>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ARNOLD ENGRAVERS

Mailing Address 1625 K ST NW

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21-0.021681
Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

37.10

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)
AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197-6463

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21-0.021683
Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

25.00

[MEMO ITEM]

C.

Full Name (Last, First, Middle Initial)
AT&T MOBILITY

Mailing Address PO BOX 6463

City CAROL STREAM State IL Zip Code 60197-6463

Purpose of Disbursement
PHONE SVC

Candidate Name

Category/
Type

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Transaction ID: SB21-0.021685
Date of Disbursement

02 / 01 / 2011

Amount of Each Disbursement this Period

119.99

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) AVENTURA INTERNATIONAL	Transaction ID: SB21-0.021688
	Mailing Address 2114 HOSKINS DR	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City HOUSTON State TX Zip Code 77080	Amount of Each Disbursement this Period 1280.00
	Purpose of Disbursement DONOR MEMENTOS	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) CLEVERBRIDGE INC	Transaction ID: SB21-0.021709
	Mailing Address 360 N MICHIGAN AVE STE 1900	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City CHICAGO State IL Zip Code 60601	Amount of Each Disbursement this Period 149.00
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	Transaction ID: SB21-0.021689
	Mailing Address PO BOX 20706	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 365.10
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	Transaction ID: SB21-0.021691
	Mailing Address PO BOX 20706	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 365.10
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	Transaction ID: SB21-0.021693
	Mailing Address PO BOX 20706	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 350.40
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) DELTA AIRLINES INC	Transaction ID: SB21-0.021695
	Mailing Address PO BOX 20706	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period 350.40
	Purpose of Disbursement TRAVEL	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21-0.021697 Date of Disbursement 02 / 01 / 2011
	Mailing Address 1601 S CALIFORNIA AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94304	
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21-0.021699 Date of Disbursement 02 / 01 / 2011
	Mailing Address 1601 S CALIFORNIA AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94304	
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21-0.021701 Date of Disbursement 02 / 01 / 2011
	Mailing Address 1601 S CALIFORNIA AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94304	
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) FIREHOOK BAKERY</p> <p>Mailing Address 215 PENNSYLVANIA AVE SE</p> <p>City WASHINGTON State DC Zip Code 20004</p> <p>Purpose of Disbursement FOOD/BEVERAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021703</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="18.02"/></p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) GIANT FOOD</p> <p>Mailing Address 8301 PROFESSIONAL PL STE 115</p> <p>City LANDOVER State MD Zip Code 20785</p> <p>Purpose of Disbursement CATERING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021705</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="472.92"/></p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) MAIL CHIMP</p> <p>Mailing Address 512 MEANS ST STE 404</p> <p>City ATLANTA State GA Zip Code 30318</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021707</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="150.00"/></p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) PARALLELS INC	Transaction ID: SB21-0.021711
	Mailing Address 500 SW 39TH ST STE 200	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City RENTON State WA Zip Code 98057	Amount of Each Disbursement this Period 108.05
	Purpose of Disbursement COMPUTER SUPPORT	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) PERFORMABLE INC	Transaction ID: SB21-0.021713
	Mailing Address 21 WATER ST STE 305	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City AMESBURY State MA Zip Code 01913	Amount of Each Disbursement this Period 15300.00
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PIZZA BOLIS	Transaction ID: SB21-0.021715
	Mailing Address 5725 FALLS RD	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City BALTIMORE State MD Zip Code 21209	Amount of Each Disbursement this Period 150.20
	Purpose of Disbursement FOOD/BEVERAGE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) PREMIERE GLOBAL SERVICES	Transaction ID: SB21-0.021717 Date of Disbursement 02 / 01 / 2011
	Mailing Address 3280 PEACHTREE RD NW STE 1000	Amount of Each Disbursement this Period 31.52
	City ATLANTA State GA Zip Code 30305	
	Purpose of Disbursement PHONE SVC Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN	Transaction ID: SB21-0.021719 Date of Disbursement 02 / 01 / 2011
	Mailing Address 8725 W SAHARA	Amount of Each Disbursement this Period 2.11
	City LAS VEGAS State NV Zip Code 89163	
	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN	Transaction ID: SB21-0.021721 Date of Disbursement 02 / 01 / 2011
	Mailing Address 8725 W SAHARA	Amount of Each Disbursement this Period 6.87
	City LAS VEGAS State NV Zip Code 89163	
	Purpose of Disbursement OFFICE SUPPLIES Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) UPS	Transaction ID: SB21-0.021723
	Mailing Address PO BOX 7247-0244	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City PHILADELPHIA State PA Zip Code 19170-0001	Amount of Each Disbursement this Period 167.29
	Purpose of Disbursement DELIVERY	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21-0.021727
	Mailing Address PO BOX 660720	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City DALLAS State TX Zip Code 75266-0720	Amount of Each Disbursement this Period 60.65
	Purpose of Disbursement PHONE SVC	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21-0.021729
	Mailing Address PO BOX 660720	Date of Disbursement MM / DD / YYYY 02 / 01 / 2011
	City DALLAS State TX Zip Code 75266-0720	Amount of Each Disbursement this Period 2676.35
	Purpose of Disbursement PHONE SVC	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) VERIZON BUSINESS</p> <p>Mailing Address PO BOX 371392</p> <p>City PITTSBURGH State PA Zip Code 15250-7392</p> <p>Purpose of Disbursement PHONE SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021725 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 4310.81</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) VERIZON WIRELESS</p> <p>Mailing Address PO BOX 25505</p> <p>City LEHIGH VALLEY State PA Zip Code 18002-5505</p> <p>Purpose of Disbursement PHONE SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021731 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 8518.29</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) WASHINGTON METRO AREA TRANSIT AUTHORITY</p> <p>Mailing Address 600 5TH ST NW</p> <p>City WASHINGTON State DC Zip Code 20001</p> <p>Purpose of Disbursement TRAVEL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021733 Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 2292.55</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS</p> <p>Mailing Address PO BOX 1270</p> <p>City NEWARK State NJ Zip Code 07101-1270</p> <p>Purpose of Disbursement CREDIT CARD PAYMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018403</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">27135.04</td> </tr> </table> <p>Category/Type</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1	27135.04
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	2		2	0	1	1													
27135.04																						
<p>B. Full Name (Last, First, Middle Initial) AMAZON.COM</p> <p>Mailing Address 1200 12TH AVE</p> <p>City SEATTLE State WA Zip Code 98144</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021737</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">284.40</td> </tr> </table> <p>Category/Type</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1	284.40
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	2		2	0	1	1													
284.40																						
<p>C. Full Name (Last, First, Middle Initial) AT&T MOBILITY</p> <p>Mailing Address PO BOX 6463</p> <p>City CAROL STREAM State IL Zip Code 60197-6463</p> <p>Purpose of Disbursement PHONE SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021739</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1076.83</td> </tr> </table> <p>Category/Type</p> <p>[MEMO ITEM]</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1	1076.83
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	2		2	0	1	1													
1076.83																						

SUBTOTAL of Disbursements This Page (optional) ▶

27135.04

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) COMPUSA	Transaction ID: SB21-0.021741 Date of Disbursement 02 / 02 / 2011
	Mailing Address 7795 WEST FLAGLER ST, STE 35	Amount of Each Disbursement this Period 612.56
	City MIAMI State FL Zip Code 33144	
	Purpose of Disbursement EQUIPMENT PURCHASE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

B.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21-0.021769 Date of Disbursement 02 / 02 / 2011
	Mailing Address 1601 S CALIFORNIA AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94304	
	Purpose of Disbursement WEB SERVICE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

C.	Full Name (Last, First, Middle Initial) FACEBOOK	Transaction ID: SB21-0.021771 Date of Disbursement 02 / 02 / 2011
	Mailing Address 1601 S CALIFORNIA AVE	Amount of Each Disbursement this Period 30.00
	City PALO ALTO State CA Zip Code 94304	
	Purpose of Disbursement WEB SERVICE	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) GOOGLE INC</p> <p>Mailing Address 1101 NEW YORK AVE NW SECOND FLOOR</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>Purpose of Disbursement WEB SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021743</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 80.64</p> <p>[MEMO ITEM]</p>
<p>B. Full Name (Last, First, Middle Initial) HASLER FINANCIAL SERVICES</p> <p>Mailing Address PO BOX 45850</p> <p>City SAN FRANCISCO State CA Zip Code 94145</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021745</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 352.12</p> <p>[MEMO ITEM]</p>
<p>C. Full Name (Last, First, Middle Initial) MICROSOFT CORPORATION</p> <p>Mailing Address 1 MICROSOFT WAY</p> <p>City REDMOND State WA Zip Code 98052-7329</p> <p>Purpose of Disbursement COMPUTER SUPPORT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.021747</p> <p>Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1</p> <p>Amount of Each Disbursement this Period 274.54</p> <p>[MEMO ITEM]</p>

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) NEMACOLIN WOODLANDS RESORT	Transaction ID: SB21-0.021751 Date of Disbursement 02 / 02 / 2011
	Mailing Address 1001 LAFAYETTE DR	Amount of Each Disbursement this Period 15000.00
	City FARMINGTON State PA Zip Code 15437	
	Purpose of Disbursement FACILITY RENTAL/CATERING	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) PAYPAL INC	Transaction ID: SB21-0.021753 Date of Disbursement 02 / 02 / 2011
	Mailing Address 2211 N 1ST ST	Amount of Each Disbursement this Period 59.95
	City SAN JOSE State CA Zip Code 95131	
	Purpose of Disbursement BANK FEE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

C.	Full Name (Last, First, Middle Initial) PERFORMABLE INC	Transaction ID: SB21-0.021755 Date of Disbursement 02 / 02 / 2011
	Mailing Address 21 WATER ST STE 305	Amount of Each Disbursement this Period 299.00
	City AMESBURY State MA Zip Code 01913	
	Purpose of Disbursement WEB SERVICE	[MEMO ITEM]
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ► 0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) RASMUSSEN REPORTS <hr/> Mailing Address 625 COOKMAN AVE STE 2 <hr/> City ASBURY PARK State NJ Zip Code 07712 <hr/> Purpose of Disbursement SUBSCRIPTIONS Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021763 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 19.95 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN <hr/> Mailing Address 8725 W SAHARA <hr/> City LAS VEGAS State NV Zip Code 89163 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021757 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 63.57 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN <hr/> Mailing Address 8725 W SAHARA <hr/> City LAS VEGAS State NV Zip Code 89163 <hr/> Purpose of Disbursement OFFICE SUPPLIES Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021759 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 7.39 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) STAPLES CREDIT PLAN <hr/> Mailing Address 8725 W SAHARA <hr/> City LAS VEGAS State NV Zip Code 89163 Purpose of Disbursement OFFICE SUPPLIES Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021761 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 185.45 [MEMO ITEM]
B.	Full Name (Last, First, Middle Initial) THE NEW YORK PALACE HOTEL <hr/> Mailing Address 455 MADISON AVE <hr/> City NEW YORK State NY Zip Code 10022 Purpose of Disbursement FACILITY RENTAL/CATERING Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021749 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 5992.78 [MEMO ITEM]
C.	Full Name (Last, First, Middle Initial) UPS <hr/> Mailing Address PO BOX 7247-0244 <hr/> City PHILADELPHIA State PA Zip Code 19170-0001 Purpose of Disbursement DELIVERY Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021765 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1	Amount of Each Disbursement this Period 256.16 [MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional)	0.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) WASHINGTON METRO AREA TRANSIT AUTHORITY <hr/> Mailing Address 600 5TH ST NW <hr/> City WASHINGTON State DC Zip Code 20001 Purpose of Disbursement TRAVEL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.021767 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 1 1
	Amount of Each Disbursement this Period 2509.70 [MEMO ITEM]

B. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT <hr/> Mailing Address PO BOX 981532 <hr/> City EL PASO State TX Zip Code 79998 Purpose of Disbursement BANK FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018668 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 29.15

C. Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT <hr/> Mailing Address PO BOX 981532 <hr/> City EL PASO State TX Zip Code 79998 Purpose of Disbursement BANK FEE Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018669 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1269.67

SUBTOTAL of Disbursements This Page (optional) ▶	1298.82
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT	Transaction ID: SB21-0.018671 Date of Disbursement
	Mailing Address PO BOX 981532	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City EL PASO State TX Zip Code 79998	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="485.45"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS MERCHANT ACCOUNT	Transaction ID: SB21-0.018673 Date of Disbursement
	Mailing Address PO BOX 981532	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City EL PASO State TX Zip Code 79998	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="1874.95"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ANTON DESIGN	Transaction ID: SB21-0.018562 Date of Disbursement
	Mailing Address P.O. BOX 204	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City CLIFTON State VA Zip Code 20124	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3110.40"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ATLANTIC TELECOMMUNICATIONS	Transaction ID: SB21-0.018242 Date of Disbursement
	Mailing Address PO BOX 4145	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City MANASSAS State VA Zip Code 20108-0717	Amount of Each Disbursement this Period
	Purpose of Disbursement EQUIPMENT MAINTENANCE	<input type="text" value="225.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING	Transaction ID: SB21-0.018130 Date of Disbursement
	Mailing Address PO BOX 9001006	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City LOUISVILLE State KY Zip Code 40290-1006	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SERVICE	<input type="text" value="411.13"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING	Transaction ID: SB21-0.018241 Date of Disbursement
	Mailing Address PO BOX 9001006	<input type="text" value="02"/> / <input type="text" value="17"/> / <input type="text" value="2011"/>
	City LOUISVILLE State KY Zip Code 40290-1006	Amount of Each Disbursement this Period
	Purpose of Disbursement PAYROLL SERVICE	<input type="text" value="587.02"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) AUTOMATIC DATA PROCESSING	Transaction ID: SB21-0.018380
	Mailing Address PO BOX 9001006	Date of Disbursement MM / DD / YYYY 02 / 24 / 2011
	City LOUISVILLE State KY Zip Code 40290-1006	Amount of Each Disbursement this Period 830.81
	Purpose of Disbursement PAYROLL SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) BMI GENERAL LICENSING	Transaction ID: SB21-0.018225
	Mailing Address P.O. BOX 406741	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City ATLANTA State GA Zip Code 30384-6741	Amount of Each Disbursement this Period 140.00
	Purpose of Disbursement MUSICAL ENTERTAINMENT Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) BURCH MUNFORD DIRECT	Transaction ID: SB21-0.018146
	Mailing Address 901 N WASHINGTON ST, STE 300	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period 159.00
	Purpose of Disbursement WEB SERVICE Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	1129.81
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) BURCH MUNFORD DIRECT <hr/> Mailing Address 901 N WASHINGTON ST, STE 300 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018224 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1000.00
B.	Full Name (Last, First, Middle Initial) CAPITOL FLOURISH <hr/> Mailing Address 8458 BROOK ROAD <hr/> City MCLEAN State VA Zip Code 22102 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018147 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2500.00
C.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB <hr/> Mailing Address 300 1ST ST SE <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement CATERING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018203 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 2866.33

SUBTOTAL of Disbursements This Page (optional) ▶

6366.33

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CAPITOL HILL CLUB	Transaction ID: SB21-0.018226
	Mailing Address 300 1ST ST SE	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City WASHINGTON State DC Zip Code 20003	Amount of Each Disbursement this Period 21740.42
	Purpose of Disbursement CATERING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) CAPITOL HILL LISTS	Transaction ID: SB21-0.018227
	Mailing Address 264 N LUMPKIN STREET # 202	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City ATHENS State GA Zip Code 30601	Amount of Each Disbursement this Period 11630.47
	Purpose of Disbursement LIST RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) CAPITOL HILL LISTS	Transaction ID: SB21-0.018564
	Mailing Address 264 N LUMPKIN STREET # 202	Date of Disbursement MM / DD / YYYY 02 / 28 / 2011
	City ATHENS State GA Zip Code 30601	Amount of Each Disbursement this Period 8362.20
	Purpose of Disbursement LIST RENTAL	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	41733.09
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CAREFREE OFFICE TECHNOLOGY INC	Transaction ID: SB21-0.018133
	Mailing Address 10400 EATON PL STE 105	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 637.35
	Purpose of Disbursement EQUIPMENT PURCHASE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CAREFREE OFFICE TECHNOLOGY INC	Transaction ID: SB21-0.018204
	Mailing Address 10400 EATON PL STE 105	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City FAIRFAX State VA Zip Code 22030	Amount of Each Disbursement this Period 551.00
	Purpose of Disbursement EQUIPMENT MAINTENANCE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21-0.018148
	Mailing Address 7704 LEESBURG PIKE	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City FALLS CHURCH State VA Zip Code 22043	Amount of Each Disbursement this Period 436.96
	Purpose of Disbursement DATA PROCESSING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1625.31
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21-0.018228 Date of Disbursement 02 / 11 / 2011
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 27320.22
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21-0.018249 Date of Disbursement 02 / 18 / 2011
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 12575.37
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CMDI	Transaction ID: SB21-0.018565 Date of Disbursement 02 / 28 / 2011
	Mailing Address 7704 LEESBURG PIKE	Amount of Each Disbursement this Period 1610.95
	City FALLS CHURCH State VA Zip Code 22043	
	Purpose of Disbursement DATA PROCESSING SERVICES	
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	41506.54
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) COMMUNICATION CORP OF AMERICA <hr/> Mailing Address 13195 FREEDOM WAY <hr/> City BOSTON State VA Zip Code 22713 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018221 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 124947.05
B. Full Name (Last, First, Middle Initial) COMPTROLLER OF MARYLAND <hr/> Mailing Address STATE INCOME TAX BLDG <hr/> City ANNAPOLIS State MD Zip Code 21411 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018366 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 317.67
C. Full Name (Last, First, Middle Initial) COMPTROLLER OF MARYLAND <hr/> Mailing Address STATE INCOME TAX BLDG <hr/> City ANNAPOLIS State MD Zip Code 21411 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018558 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 317.67

SUBTOTAL of Disbursements This Page (optional) ▶

125582.39

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
CONFERENCE AMERICA INC

Transaction ID: SB21-0.018205
Date of Disbursement

Mailing Address PO BOX 241188

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	1	1

City MONTGOMERY State AL Zip Code 36124-1188

Amount of Each Disbursement this Period

432.31

Purpose of Disbursement
PHONE SERVICE

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

B.

Full Name (Last, First, Middle Initial)
CONGRESSIONAL QUARTERLY INC

Transaction ID: SB21-0.018135
Date of Disbursement

Mailing Address 1255 22ND ST NW
STE 700

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	4		2	0	1	1

City WASHINGTON State DC Zip Code 20037

Amount of Each Disbursement this Period

24180.49

Purpose of Disbursement
SUBSCRIPTIONS

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

C.

Full Name (Last, First, Middle Initial)
CONRAD DIRECT INC

Transaction ID: SB21-0.018566
Date of Disbursement

Mailing Address 300 KNICKERBOCKER RD

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	1

City CRESSKILL State NJ Zip Code 07626

Amount of Each Disbursement this Period

2137.54

Purpose of Disbursement
DATA PROCESSING SERVICES

Category/ Type

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

SUBTOTAL of Disbursements This Page (optional) ▶

26750.34

TOTAL This Period (last page this line number only) ▶

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) COVINGTON AND BURLING	Transaction ID: SB21-0.018206 Date of Disbursement 02 / 11 / 2011
	Mailing Address 1201 PENNSYLVANIA AVE NW	Amount of Each Disbursement this Period 142.00
	City WASHINGTON State DC Zip Code 20004-2401	
	Purpose of Disbursement LEGAL CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) DATALAB USA LLC	Transaction ID: SB21-0.018229 Date of Disbursement 02 / 11 / 2011
	Mailing Address 20261 GOLDENROD LN	Amount of Each Disbursement this Period 2911.00
	City GERMANTOWN State MD Zip Code 20876	
	Purpose of Disbursement DATA PROCESSING SERVICES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) DATALAB USA LLC	Transaction ID: SB21-0.018567 Date of Disbursement 02 / 28 / 2011
	Mailing Address 20261 GOLDENROD LN	Amount of Each Disbursement this Period 12023.50
	City GERMANTOWN State MD Zip Code 20876	
	Purpose of Disbursement DATA PROCESSING SERVICES	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	15076.50
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DC TREASURER Mailing Address PO BOX 96384 City WASHINGTON State DC Zip Code 20090-6384 Purpose of Disbursement TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018208 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1489.32
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DC TREASURER Mailing Address PO BOX 37630 City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018362 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 7173.81
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) DC TREASURER Mailing Address PO BOX 1582 City WASHINGTON State DC Zip Code 20013 Purpose of Disbursement PAYROLL TAXES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018364 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 1909.04
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10572.17

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) DC TREASURER <hr/> Mailing Address PO BOX 37630 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018556 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 7216.11
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) DC TREASURER <hr/> Mailing Address PO BOX 1582 <hr/> City WASHINGTON State DC Zip Code 20013 <hr/> Purpose of Disbursement PAYROLL TAXES Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018557 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1
	Amount of Each Disbursement this Period 1613.77
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) DHW ASSOCIATES <hr/> Mailing Address 16301 KELLY WOODS DRIVE, #206 <hr/> City FT MYERS State FL Zip Code 33908 <hr/> Purpose of Disbursement LIST RENTAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018568 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1450.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	10279.88
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address ONE CONCOURSE PKWY, STE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018663</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="45.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address ONE CONCOURSE PKWY, STE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018665</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="4714.21"/></p>
<p>C. Full Name (Last, First, Middle Initial) ELAVON</p> <p>Mailing Address ONE CONCOURSE PKWY, STE 300</p> <p>City ATLANTA State GA Zip Code 30328</p> <p>Purpose of Disbursement BANK FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018667</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="146.90"/></p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p><input type="text" value="4906.11"/></p>
<p>TOTAL This Period (last page this line number only)</p>	<p><input type="text"/></p>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21-0.018670 Date of Disbursement
	Mailing Address ONE CONCOURSE PKWY, STE 300	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="2643.21"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21-0.018672 Date of Disbursement
	Mailing Address ONE CONCOURSE PKWY, STE 300	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="5539.23"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) ELAVON	Transaction ID: SB21-0.018675 Date of Disbursement
	Mailing Address ONE CONCOURSE PKWY, STE 300	<input type="text" value="02"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="11"/>
	City ATLANTA State GA Zip Code 30328	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="50.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8232.44"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ENGAGE LLC <hr/> Mailing Address 707 8TH ST SE SUITE 200 <hr/> City WASHINGTON State DC Zip Code 20003 <hr/> Purpose of Disbursement WEB SERVICE Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018136 Date of Disbursement 02 / 04 / 2011 <hr/> Amount of Each Disbursement this Period 6000.00
B.	Full Name (Last, First, Middle Initial) EPIPHANY PRODUCTIONS INC <hr/> Mailing Address 104 E HUME AVE <hr/> City ALEXANDRIA State VA Zip Code 22301 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018035 Date of Disbursement 02 / 01 / 2011 <hr/> Amount of Each Disbursement this Period 20000.00
C.	Full Name (Last, First, Middle Initial) EPIPHANY PRODUCTIONS INC <hr/> Mailing Address 104 E HUME AVE <hr/> City ALEXANDRIA State VA Zip Code 22301 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name Category/ Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018230 Date of Disbursement 02 / 11 / 2011 <hr/> Amount of Each Disbursement this Period 32762.50

SUBTOTAL of Disbursements This Page (optional) ▶	58762.50
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) FEDEX KINKOS	Transaction ID: SB21-0.018209
	Mailing Address PO BOX 672085	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City DALLAS State TX Zip Code 75267-2085	Amount of Each Disbursement this Period 726.10
	Purpose of Disbursement PRINTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) GUARDIAN LIFE INSURANCE COMPANY	Transaction ID: SB21-0.018383
	Mailing Address PO BOX 95101	Date of Disbursement MM / DD / YYYY 02 / 24 / 2011
	City CHICAGO State IL Zip Code 60694-5101	Amount of Each Disbursement this Period 57563.42
	Purpose of Disbursement INSURANCE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) GULF DIRECT	Transaction ID: SB21-0.018149
	Mailing Address 8213 SHOAL CREEK BLVD STE 105	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City AUSTIN State TX Zip Code 78757	Amount of Each Disbursement this Period 1798.33
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ▶

60087.85

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) GULF DIRECT	Transaction ID: SB21-0.018250 Date of Disbursement 02 / 18 / 2011
	Mailing Address 8213 SHOAL CREEK BLVD STE 105	Amount of Each Disbursement this Period 17046.65
	City AUSTIN State TX Zip Code 78757	
	Purpose of Disbursement FINANCE CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GULF DIRECT	Transaction ID: SB21-0.018570 Date of Disbursement 02 / 28 / 2011
	Mailing Address 8213 SHOAL CREEK BLVD STE 105	Amount of Each Disbursement this Period 255.00
	City AUSTIN State TX Zip Code 78757	
	Purpose of Disbursement WEB SERVICE	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) HOLTZMAN VOGEL PLLC	Transaction ID: SB21-0.018036 Date of Disbursement 02 / 01 / 2011
	Mailing Address 45 NORTH HILL DR SUITE 100	Amount of Each Disbursement this Period 10000.00
	City WARRENTON State VA Zip Code 20186	
	Purpose of Disbursement LEGAL CONSULTING	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	27301.65
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) HOON DESIGNS LLC <hr/> Mailing Address 2800 SHIRLINGTON RD STE 920 <hr/> City ARLINGTON State VA Zip Code 22206 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018571 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 950.00
	Category/ Type
	Category/ Type

B. Full Name (Last, First, Middle Initial) HOOVERS INC <hr/> Mailing Address 75 REMITTANCE DRIVE, STE 1617 <hr/> City CHICAGO State IL Zip Code 60675-1617 <hr/> Purpose of Disbursement SUBSCRIPTIONS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018572 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 6552.92
	Category/ Type
	Category/ Type

C. Full Name (Last, First, Middle Initial) HUCKABY DAVIS LISKER <hr/> Mailing Address 228 S WASHINGTON ST STE 115 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018037 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 1 1
	Amount of Each Disbursement this Period 10000.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶	17502.92
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND ST City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018190 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 8 / 2 0 1 1
	Amount of Each Disbursement this Period 64680.03
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND ST City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018251 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 53793.53
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) ICS CORPORATION Mailing Address 2225 RICHMOND ST City PHILADELPHIA State PA Zip Code 19125 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018376 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 1 1
	Amount of Each Disbursement this Period 51612.42
	Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

170085.98

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) ILLUMEN</p> <p>Mailing Address 1000 POTOMAC ST NW</p> <p>City WASHINGTON State DC Zip Code 20007</p> <p>Purpose of Disbursement SUBSCRIPTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018211</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 833.33</p>
<p>B. Full Name (Last, First, Middle Initial) INFOCISION MANAGEMENT CORP</p> <p>Mailing Address 325 SPRINGSIDE DR</p> <p>City AKRON State OH Zip Code 44333</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018150</p> <p>Date of Disbursement 02 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 36157.05</p>
<p>C. Full Name (Last, First, Middle Initial) INFOCISION MANAGEMENT CORP</p> <p>Mailing Address 325 SPRINGSIDE DR</p> <p>City AKRON State OH Zip Code 44333</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018231</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 29080.67</p>

SUBTOTAL of Disbursements This Page (optional) ▶

66071.05

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) INFOCISION MANAGEMENT CORP <hr/> Mailing Address 325 SPRINGSIDE DR <hr/> City AKRON State OH Zip Code 44333 <hr/> Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018573 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 577928.71
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) KONICA MINOLTA STL <hr/> Mailing Address PO BOX 790448 <hr/> City SAINT LOUIS State MO Zip Code 63179 <hr/> Purpose of Disbursement EQUIPMENT RENTAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018138 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1793.27
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) KONICA MINOLTA <hr/> Mailing Address 21 146 NETWORK PLACE <hr/> City CHICAGO State IL Zip Code 60673-1211 <hr/> Purpose of Disbursement EQUIPMENT RENTAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018244 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 1 1
	Amount of Each Disbursement this Period 943.12
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

580665.10

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) KONICA MINOLTA STL <hr/> Mailing Address PO BOX 790448 <hr/> City SAINT LOUIS State MO Zip Code 63179 <hr/> Purpose of Disbursement EQUIPMENT RENTAL Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018385 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1
	Amount of Each Disbursement this Period 2225.41
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) KRAMER & ASSOCIATES <hr/> Mailing Address 2201 FRANCISCO DRIVE, STE 140-1833 <hr/> City EL DORADO HILLS State CA Zip Code 95762 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018151 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 5000.00
	Category/ Type
	Category/ Type
C. Full Name (Last, First, Middle Initial) MAJORITY STRATEGIES <hr/> Mailing Address 135 PROFESSIONAL DR STE 104 <hr/> City PONTE VEDRA BEACH State FL Zip Code 32082 <hr/> Purpose of Disbursement PRINTING Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018152 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 23372.97
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

30598.38

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MANDARIN ORIENTAL HOTELS <hr/> Mailing Address 1330 MARYLAND AVE SW <hr/> City WASHINGTON State DC Zip Code 20024 <hr/> Purpose of Disbursement FACILITY RENTAL/CATERING Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018153 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 3300.00
B.	Full Name (Last, First, Middle Initial) MARKET TECH GROUP <hr/> Mailing Address PO BOX 26864 <hr/> City SALT LAKE CITY State UT Zip Code 84126 <hr/> Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018154 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 3512.91
C.	Full Name (Last, First, Middle Initial) MARKET TECH GROUP <hr/> Mailing Address PO BOX 26864 <hr/> City SALT LAKE CITY State UT Zip Code 84126 <hr/> Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018576 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 17850.50

SUBTOTAL of Disbursements This Page (optional) ▶

24663.41

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MERKLE INC	Transaction ID: SB21-0.018254
	Mailing Address 100 JAMISON CT	Date of Disbursement MM / DD / YYYY 02 / 18 / 2011
	City HAGERSTOWN State MD Zip Code 21740	Amount of Each Disbursement this Period 40291.94
	Purpose of Disbursement DATA PROCESSING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
B.	Full Name (Last, First, Middle Initial) MJO SERVICES	Transaction ID: SB21-0.018157
	Mailing Address 1101 BUSINESS PARKWAY SOUTH	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City WESTMINSTER State MD Zip Code 21157	Amount of Each Disbursement this Period 817.62
	Purpose of Disbursement DATA PROCESSING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	
C.	Full Name (Last, First, Middle Initial) MJO SERVICES	Transaction ID: SB21-0.018577
	Mailing Address 1101 BUSINESS PARKWAY SOUTH	Date of Disbursement MM / DD / YYYY 02 / 28 / 2011
	City WESTMINSTER State MD Zip Code 21157	Amount of Each Disbursement this Period 3240.87
	Purpose of Disbursement DATA PROCESSING SERVICES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional) ►

44350.43

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) MOBILE FKM	Transaction ID: SB21-0.018215 Date of Disbursement																			
	Mailing Address 1800 WEST LOOP SOUTH SUITE 2100	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
	City HOUSTON State TX Zip Code 77027	Amount of Each Disbursement this Period																			
	Purpose of Disbursement ECAMPAIGN CONSULTING	<table border="1"><tr><td>3626.38</td></tr></table>	3626.38																		
3626.38																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

B.	Full Name (Last, First, Middle Initial) NATIONAL NEWS AGENCY	Transaction ID: SB21-0.018389 Date of Disbursement																			
	Mailing Address 4331 BLADENSBURG ROAD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
	City COLMAR MANOR State MD Zip Code 20722	Amount of Each Disbursement this Period																			
	Purpose of Disbursement SUBSCRIPTIONS	<table border="1"><tr><td>1862.52</td></tr></table>	1862.52																		
1862.52																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

C.	Full Name (Last, First, Middle Initial) NEW ENGLAND PRESS INC	Transaction ID: SB21-0.018390 Date of Disbursement																			
	Mailing Address 1200 WAKE FOREST DR	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	1												
	City ALEXANDRIA State VA Zip Code 22307	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PRINTING	<table border="1"><tr><td>1661.88</td></tr></table>	1661.88																		
1661.88																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
	State: District:																				

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>7150.78</td></tr></table>	7150.78
7150.78		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) NEW HAMPSHIRE DEPT OF EMPLOYMENT SECURITY</p> <p>Mailing Address 32 SOUTH MAIN ST</p> <p>City CONCORD State NH Zip Code 03301</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018368</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 113.85</p>
<p>B. Full Name (Last, First, Middle Initial) NEW HAMPSHIRE DEPT OF EMPLOYMENT SECURITY</p> <p>Mailing Address 32 SOUTH MAIN ST</p> <p>City CONCORD State NH Zip Code 03301</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018559</p> <p>Date of Disbursement 02 / 25 / 2011</p> <p>Amount of Each Disbursement this Period 102.46</p>
<p>C. Full Name (Last, First, Middle Initial) NOREAST CAPITAL CORPORATION</p> <p>Mailing Address PO BOX 4128</p> <p>City ANNAPOLIS State MD Zip Code 21403</p> <p>Purpose of Disbursement EQUIPMENT RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018245</p> <p>Date of Disbursement 02 / 17 / 2011</p> <p>Amount of Each Disbursement this Period 477.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

693.31

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) OXFORD POLITICAL <hr/> Mailing Address 121 S. ALFRED STREET, STE 8 <hr/> City ALEXANDRIA State VA Zip Code 22314 <hr/> Purpose of Disbursement FINANCE CONSULTING Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018158 Date of Disbursement 02 / 04 / 2011 <hr/> Amount of Each Disbursement this Period 14147.74
B.	Full Name (Last, First, Middle Initial) PINNACLE LIST COMPANY INC <hr/> Mailing Address 2800 S SHIRLINGTON RD STE 970 <hr/> City ARLINGTON State VA Zip Code 22206 <hr/> Purpose of Disbursement LIST RENTAL Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018579 Date of Disbursement 02 / 28 / 2011 <hr/> Amount of Each Disbursement this Period 12483.89
C.	Full Name (Last, First, Middle Initial) POLITICAL INK INC <hr/> Mailing Address 1341 CONNECTICUT AVE NW SUITE 5 <hr/> City WASHINGTON State DC Zip Code 20036 <hr/> Purpose of Disbursement VOID CHECK Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.015305 Date of Disbursement 02 / 11 / 2011 <hr/> Amount of Each Disbursement this Period -3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

23631.63

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) POLITICAL INK INC</p> <p>Mailing Address 1341 CONNECTICUT AVE NW SUITE 5</p> <p>City WASHINGTON State DC Zip Code 20036</p> <p>Purpose of Disbursement OFFICE SUPPLIES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018197</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) PRESS ASSOCIATION INC</p> <p>Mailing Address P.O. BOX 414243</p> <p>City BOSTON State MA Zip Code 02241-4243</p> <p>Purpose of Disbursement SUBSCRIPTIONS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018140</p> <p>Date of Disbursement 02 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 1507.28</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) QWEST COMMUNICATIONS</p> <p>Mailing Address PO BOX 85619</p> <p>City LOUISVILLE State KY Zip Code 40285-6169</p> <p>Purpose of Disbursement PHONE SERVICE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018032</p> <p>Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 554.10</p>

SUBTOTAL of Disbursements This Page (optional) ▶

5061.38

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) REPUBLICAN DEPOT, LLC Mailing Address P.O. BOX 222 City UNION CITY State IN Zip Code 47390 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018255 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1
	Amount of Each Disbursement this Period 143.99
B. Full Name (Last, First, Middle Initial) RESPONSE AMERICA LLC Mailing Address 264 N LUMPKIN STREET #202 City ATHENS State GA Zip Code 30601 Purpose of Disbursement FINANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018232 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1
	Amount of Each Disbursement this Period 17135.03
C. Full Name (Last, First, Middle Initial) RESPONSE AMERICA LLC Mailing Address 264 N LUMPKIN STREET #202 City ATHENS State GA Zip Code 30601 Purpose of Disbursement FINANCE CONSULTING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018580 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 3196.20

SUBTOTAL of Disbursements This Page (optional) ▶	20475.22
TOTAL This Period (last page this line number only) ▶	[]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RST MARKETING ASSOCIATES INC Mailing Address 1272 CORPORATE PARK DRIVE City FOREST State VA Zip Code 24551 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018240 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 1 1
	Amount of Each Disbursement this Period 28451.29 Category/Type
B. Full Name (Last, First, Middle Initial) SMARTECH CORPORATION Mailing Address PO BOX 11181 City CHATTANOOGA State TN Zip Code 37401-2181 Purpose of Disbursement WEB SERVICE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018142 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 1044.05 Category/Type
C. Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING AND MAILING Mailing Address 2600 NW TOPEKA BLVD City TOPEKA State KS Zip Code 66617 Purpose of Disbursement POSTAGE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018159 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1
	Amount of Each Disbursement this Period 19000.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶

48495.34

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING AND MAILING	Transaction ID: SB21-0.018191 Date of Disbursement																			
	Mailing Address 2600 NW TOPEKA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	8		2	0	1	1												
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period																			
	Purpose of Disbursement POSTAGE	<table border="1"><tr><td>15221.22</td></tr></table>	15221.22																		
15221.22																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING AND MAILING	Transaction ID: SB21-0.018233 Date of Disbursement																			
	Mailing Address 2600 NW TOPEKA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	1	1												
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period																			
	Purpose of Disbursement POSTAGE	<table border="1"><tr><td>934.40</td></tr></table>	934.40																		
934.40																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING AND MAILING	Transaction ID: SB21-0.018257 Date of Disbursement																			
	Mailing Address 2600 NW TOPEKA BLVD	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	8		2	0	1	1												
	City TOPEKA State KS Zip Code 66617	Amount of Each Disbursement this Period																			
	Purpose of Disbursement PRINTING	<table border="1"><tr><td>13299.53</td></tr></table>	13299.53																		
13299.53																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>29455.15</td></tr></table>	29455.15
29455.15		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING AND MAILING</p> <p>Mailing Address 2600 NW TOPEKA BLVD</p> <p>City TOPEKA State KS Zip Code 66617</p> <p>Purpose of Disbursement POSTAGE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018378</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="13591.81"/></p>
<p>B. Full Name (Last, First, Middle Initial) SOUTHWEST PUBLISHING AND MAILING</p> <p>Mailing Address 2600 NW TOPEKA BLVD</p> <p>City TOPEKA State KS Zip Code 66617</p> <p>Purpose of Disbursement PRINTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018581</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="29014.11"/></p>
<p>C. Full Name (Last, First, Middle Initial) SQUARE 737 LLC</p> <p>Mailing Address 1100 NEW JERSEY AVE SE SUITE 1000</p> <p>City WASHINGTON State DC Zip Code 20003</p> <p>Purpose of Disbursement PARKING SVC</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018246</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="2475.00"/></p>

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) STARBOARD GROUP</p> <p>Mailing Address 1420 W CABAK CT SUITE 10</p> <p>City LITTLETON State CO Zip Code 80120</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018258</p> <p>Date of Disbursement 02 / 18 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p>B. Full Name (Last, First, Middle Initial) STATE OF NEW HAMPSHIRE UNEMPLOYMENT SECURITY</p> <p>Mailing Address 32 SOUTH MAIN ST</p> <p>City CONCORD State NH Zip Code 03301</p> <p>Purpose of Disbursement PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018139</p> <p>Date of Disbursement 02 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 355.86</p>
<p>C. Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING INC</p> <p>Mailing Address 2625 MOMENTUM PL</p> <p>City CHICAGO State IL Zip Code 60689-5326</p> <p>Purpose of Disbursement FUNDRAISING PHONE CALLS</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018160</p> <p>Date of Disbursement 02 / 04 / 2011</p> <p>Amount of Each Disbursement this Period 81440.05</p>

SUBTOTAL of Disbursements This Page (optional) ▶

83295.91

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING INC	Transaction ID: SB21-0.018234
	Mailing Address 2625 MOMENTUM PL	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City CHICAGO State IL Zip Code 60689-5326	Amount of Each Disbursement this Period 88114.94
	Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) STRATEGIC FUNDRAISING INC	Transaction ID: SB21-0.018582
	Mailing Address 2625 MOMENTUM PL	Date of Disbursement MM / DD / YYYY 02 / 28 / 2011
	City CHICAGO State IL Zip Code 60689-5326	Amount of Each Disbursement this Period 165019.65
	Purpose of Disbursement FUNDRAISING PHONE CALLS Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) SUMMIT OPEN SYSTEMS LLC	Transaction ID: SB21-0.018397
	Mailing Address PO BOX 841	Date of Disbursement MM / DD / YYYY 02 / 24 / 2011
	City ARNOLD State MD Zip Code 21012	Amount of Each Disbursement this Period 300.00
	Purpose of Disbursement COMPLIANCE CONSULTING Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	253434.59
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A.</p> <p>Full Name (Last, First, Middle Initial) TEXAS UNLIMITED BAND</p> <p>Mailing Address 3075 CR 118</p> <p>City GIDDINGS State TX Zip Code 78942</p> <p>Purpose of Disbursement MUSICAL ENTERTAINMENT</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018235</p> <p>Date of Disbursement 02 / 11 / 2011</p> <p>Amount of Each Disbursement this Period 3000.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) THE COMPLIANCE CONSULTING COMPANY OF VA LLC</p> <p>Mailing Address PO BOX 365</p> <p>City MCLEAN State VA Zip Code 22101</p> <p>Purpose of Disbursement COMPLIANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018034</p> <p>Date of Disbursement 02 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 10000.00</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) THE LUKENS COMPANY</p> <p>Mailing Address 2800 SHIRLINGTON RD 9TH FLOOR</p> <p>City ARLINGTON State VA Zip Code 22206-3613</p> <p>Purpose of Disbursement FINANCE CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21-0.018575</p> <p>Date of Disbursement 02 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 4142.22</p>

<p>SUBTOTAL of Disbursements This Page (optional)</p>	<p>17142.22</p>
<p>TOTAL This Period (last page this line number only)</p>	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) THE MCINTOSH COMPANY	Transaction ID: SB21-0.018156 Date of Disbursement
	Mailing Address 5310 HARVEST HILL ROAD, STE 209	<input type="text" value="02"/> / <input type="text" value="04"/> / <input type="text" value="2011"/>
	City DALLAS State TX Zip Code 75230	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="7176.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) THE MCINTOSH COMPANY	Transaction ID: SB21-0.018253 Date of Disbursement
	Mailing Address 5310 HARVEST HILL ROAD, STE 209	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City DALLAS State TX Zip Code 75230	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="15000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) THE WOODS HERBERGER GROUP	Transaction ID: SB21-0.018259 Date of Disbursement
	Mailing Address 1200 ANASTASIA AVENUE, STE 310	<input type="text" value="02"/> / <input type="text" value="18"/> / <input type="text" value="2011"/>
	City CORAL GABLES State FL Zip Code 33416	Amount of Each Disbursement this Period
	Purpose of Disbursement FINANCE CONSULTING	<input type="text" value="15000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="37176.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) THOMSON WEST PUBLISHING Mailing Address PO BOX 6292 City CAROL STREAM State IL Zip Code 60197-6292 Purpose of Disbursement OFFICE SUPPLIES Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018398 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 1 1	Amount of Each Disbursement this Period 212.00
B.	Full Name (Last, First, Middle Initial) TMA DIRECT Mailing Address 12120 SUNSET HILLS ROAD, STE 450 City RESTON State VA Zip Code 20190 Purpose of Disbursement WEB SERVICE Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018236 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	Amount of Each Disbursement this Period 7000.00
C.	Full Name (Last, First, Middle Initial) TOBY TOURS Mailing Address 145 CARTER AVE City LOUISVILLE State KY Zip Code 40229 Purpose of Disbursement TRANSPORTATION SVC Candidate Name _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018260 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 8 / 2 0 1 1	Amount of Each Disbursement this Period 500.00

SUBTOTAL of Disbursements This Page (optional)	7712.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) TOSCANA CATERING Mailing Address 601 2ND STREET NE City WASHINGTON State DC Zip Code 20002 Purpose of Disbursement CATERING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018583 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 1 1	Amount of Each Disbursement this Period 1070.30
B.	Full Name (Last, First, Middle Initial) TRANSAMERICA RETIREMENT SERVICES Mailing Address PO BOX 30368 City LOS ANGELES State CA Zip Code 90099-9208 Purpose of Disbursement RETIREMENT SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018374 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1	Amount of Each Disbursement this Period 19324.96
C.	Full Name (Last, First, Middle Initial) TRANSAMERICA RETIREMENT SERVICES Mailing Address PO BOX 30368 City LOS ANGELES State CA Zip Code 90099-9208 Purpose of Disbursement RETIREMENT SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018587 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 5 / 2 0 1 1	Amount of Each Disbursement this Period 19637.11

SUBTOTAL of Disbursements This Page (optional) ►

40032.37

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) UNICOR 290 SIGN SYSTEMS Mailing Address 5350 CORPORATE GROVE BLVD SE City GRAND RAPIDS State MI Zip Code 49512 Purpose of Disbursement OFFICE SUPPLIES Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018216 Date of Disbursement 02 / 11 / 2011 Amount of Each Disbursement this Period 306.70
B.	Full Name (Last, First, Middle Initial) US DEPARTMENT OF TREASURY Mailing Address 1500 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20220 Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018370 Date of Disbursement 02 / 11 / 2011 Amount of Each Disbursement this Period 70290.99
C.	Full Name (Last, First, Middle Initial) US DEPARTMENT OF TREASURY Mailing Address 1500 PENNSYLVANIA AVE NW City WASHINGTON State DC Zip Code 20220 Purpose of Disbursement PAYROLL TAXES Candidate Name Category/Type Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB21-0.018561 Date of Disbursement 02 / 25 / 2011 Amount of Each Disbursement this Period 77959.47

SUBTOTAL of Disbursements This Page (optional) ▶

148557.16

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) US MONITOR SERVICE <hr/> Mailing Address 86 MAPLE AVE <hr/> City NEW YORK State NY Zip Code 10956-5092 <hr/> Purpose of Disbursement DATA PROCESSING SERVICES Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018237 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 1 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 407.55
B.	Full Name (Last, First, Middle Initial) US POSTMASTER <hr/> Mailing Address 900 BRENTWOOD ROAD NE <hr/> City WASHINGTON State DC Zip Code 20018-1004 <hr/> Purpose of Disbursement POSTAGE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018161 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 40000.00
C.	Full Name (Last, First, Middle Initial) VERIZON CABS <hr/> Mailing Address PO BOX 4832 <hr/> City TRENTON State NJ Zip Code 08650-4832 <hr/> Purpose of Disbursement WEB SERVICE Candidate Name Category/Type <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21-0.018143 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 4 / 2 0 1 1 <hr/> Amount of Each Disbursement this Period 1690.92

SUBTOTAL of Disbursements This Page (optional) ▶

42098.47

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) VIRGINIA DEPT OF TAXATION	Transaction ID: SB21-0.018372
	Mailing Address PO BOX 1411	Date of Disbursement 02 / 11 / 2011
	City RICHMOND State VA Zip Code 23212	Amount of Each Disbursement this Period 5146.42
	Purpose of Disbursement PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) VIRGINIA DEPT OF TAXATION	Transaction ID: SB21-0.018560
	Mailing Address PO BOX 1411	Date of Disbursement 02 / 25 / 2011
	City RICHMOND State VA Zip Code 23212	Amount of Each Disbursement this Period 6326.90
	Purpose of Disbursement PAYROLL TAXES	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) VISUAL IMPACT DESIGN	Transaction ID: SB21-0.018239
	Mailing Address 264 N LUMPKIN STREET #202	Date of Disbursement 02 / 11 / 2011
	City ATHENS State GA Zip Code 30601	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement PRINTING	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	11973.32
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) VISUAL IMPACT DESIGN	Transaction ID: SB21-0.018585 Date of Disbursement
	Mailing Address 264 N LUMPKIN STREET #202	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City ATHENS State GA Zip Code 30601	Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WACHOVIA NA	Transaction ID: SB21-0.018590 Date of Disbursement
	Mailing Address 1970 CHAIN BRIDGE RD	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement LOAN INTEREST	<input type="text" value="16438.92"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WACHOVIA NA	Transaction ID: SB21-0.018664 Date of Disbursement
	Mailing Address 1970 CHAIN BRIDGE RD	<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2011"/>
	City MCLEAN State VA Zip Code 22102	Amount of Each Disbursement this Period
	Purpose of Disbursement BANK FEE	<input type="text" value="6057.53"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="22996.45"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) WESTAR SATELLITE SERVICES	Transaction ID: SB21-0.018217
	Mailing Address PO BOX 974375	Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	City DALLAS State TX Zip Code 75397-4375	Amount of Each Disbursement this Period 1821.12
	Purpose of Disbursement WEB SERVICE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) WESTAR SATELLITE SERVICES	Transaction ID: SB21-0.018400
	Mailing Address PO BOX 974375	Date of Disbursement MM / DD / YYYY 02 / 24 / 2011
	City DALLAS State TX Zip Code 75397-4375	Amount of Each Disbursement this Period 4992.23
	Purpose of Disbursement TV UPLINK SVC	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) ZONES	Transaction ID: SB21-0.018145
	Mailing Address PO BOX 34740	Date of Disbursement MM / DD / YYYY 02 / 04 / 2011
	City SEATTLE State WA Zip Code 98124-1740	Amount of Each Disbursement this Period 3731.57
	Purpose of Disbursement EQUIPMENT PURCHASE	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	10544.92
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
ZONES

Mailing Address PO BOX 34740

City SEATTLE State WA Zip Code 98124-1740

Purpose of Disbursement
EQUIPMENT PURCHASE

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21-0.018247

Date of Disbursement

MM / DD / YYYY
02 / 17 / 2011

Amount of Each Disbursement this Period

20331.14

SUBTOTAL of Disbursements This Page (optional)

20331.14

TOTAL This Period (last page this line number only)

2788312.38

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input checked="" type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.

Full Name (Last, First, Middle Initial)
WACHOVIA NA

Mailing Address 1970 CHAIN BRIDGE RD

City State Zip Code
MCLEAN VA 22102

Purpose of Disbursement
LOAN PAYMENT

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB26-0.018589

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000000.00

SUBTOTAL of Disbursements This Page (optional)

1000000.00

TOTAL This Period (last page this line number only)

1000000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A.	Full Name (Last, First, Middle Initial) ROBERT MARLING	Transaction ID: SB28A-0.018155 Date of Disbursement 02 / 04 / 2011
	Mailing Address 30 S TRANQUIL PATH DRIVE	Amount of Each Disbursement this Period 1000.00
	City THE WOODLANDS State TX Zip Code 77380-2738	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) AMIR RASSOLI	Transaction ID: SB28A-0.018198 Date of Disbursement 02 / 11 / 2011
	Mailing Address 6363 WOODWAY DRIVE, STE 850	Amount of Each Disbursement this Period 300.00
	City HOUSTON State TX Zip Code 77057-1758	
	Purpose of Disbursement CONTRIBUTION REFUND	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMIR RASSOLI	Transaction ID: SB28A-1.012792 Date of Disbursement 02 / 11 / 2011
	Mailing Address 6363 WOODWAY DRIVE, STE 850	Amount of Each Disbursement this Period -300.00
	City HOUSTON State TX Zip Code 77057-1758	
	Purpose of Disbursement VOID CHECK	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

A. Full Name (Last, First, Middle Initial) RUDOLPH VELA Mailing Address 3101 W US HIGHWAY 224 STE A City Tiffin State OH Zip Code 44883 Purpose of Disbursement CONTRIBUTION REFUND Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-0.018201 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Amount of Each Disbursement this Period 450.00
B. Full Name (Last, First, Middle Initial) RUDOLPH VELA Mailing Address 3101 W US HIGHWAY 224 STE A City Tiffin State OH Zip Code 44883 Purpose of Disbursement VOID CHECK Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB28A-1.012798 Date of Disbursement MM / DD / YYYY 02 / 11 / 2011
	Amount of Each Disbursement this Period -450.00

SUBTOTAL of Disbursements This Page (optional) ▶

0.00

TOTAL This Period (last page this line number only) ▶

1000.00

SCHEDULE C (FEC Form 3X)

Use separate schedule(s)
for each category of the
Detailed Summary Page

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FOR LINE 13 OF FORM 3X

LOANS

NAME OF COMMITTEE (In Full)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Transaction ID: SCHEDC_1

LOAN SOURCE Full Name (Last, First, Middle Initial) WACHOVIA	Election: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 1753 PINNACLE DRIVE	
City MCLEAN State VA ZIP Code 22102	

Original Amount of Loan 12000000.00	Cumulative Payment To Date 2500000.00	Balance Outstanding at Close of This Period 9500000.00
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TERMS

Date Incurred MM DD YY YY 09 14 20 10	Date Due 09/14/2011	Interest Rate 0.0000 % (apr)	Secured: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional)	<input style="width: 100%;" type="text" value="9500000.00"/>
TOTALS This Period (last page in this line only)	<input style="width: 100%;" type="text" value="9500000.00"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.