

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 757 / 1384  
(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. ROBERT H. ODELL

Mailing Address 9632 GRAND ISLE LN

City State Zip Code  
LAS VEGAS NV 89144-0839

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SELF-EMPLOYED PHYSICIAN

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 650.00

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

**Transaction ID:** SA11.13685908

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

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

Mailing Address 11960 HERITAGE CIR

City State Zip Code  
DOWNEY CA 90241-4326

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) ▼ 275.00

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

**Transaction ID:** SA11.13668288

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**C.** Full Name (Last, First, Middle Initial)  
MR. RAY P. ODEN, JR.

Mailing Address 702 THORA BLVD

City State Zip Code  
SHREVEPORT LA 71106-1824

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) ▼ 11000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

**Transaction ID:** SA11.13652666

Amount of Each Receipt this Period  
2000.00

CONTRIBUTION

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

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