

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

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

FOR LINE NUMBER: PAGE 234 / 1192

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Kurosh Bian		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 777 S Central Expy Ste 2A		
City Richardson	State TX	Zip Code 75080-7400
FEC ID number of contributing federal political committee. C		Transaction ID: IE070214.0010139
Name of Employer Emerald Home LLC		Amount of Each Receipt this Period 2500.00
Occupation Owner		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3300.00	

B. Full Name (Last, First, Middle Initial) Mrs. Phoenicia Herbert		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 685 E 240th St		
City Bronx	State NY	Zip Code 10470-1526
FEC ID number of contributing federal political committee. C		Transaction ID: IE070214.0010140
Name of Employer Beth Abraham		Amount of Each Receipt this Period 2500.00
Occupation Claims Rep		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2950.00	

C. Full Name (Last, First, Middle Initial) Mr. Baby A. Makil		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 7
Mailing Address 2939 Skyview Dr		
City Lakeland	State FL	Zip Code 33801-7005
FEC ID number of contributing federal political committee. C		Transaction ID: IE070214.0010141
Name of Employer Makil Enterprise Skyview		Amount of Each Receipt this Period 300.00
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)

5300.00

TOTAL This Period (last page this line number only)