

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

NATIONAL REPUBLICAN SENATORIAL COMMITTEE

<b>A. MR. JACOB BARILE</b> Full Name (Last, First, Middle Initial) Mailing Address 2826 COACHMAN LAKES DRIVE City Jacksonville State FL Zip Code 32246-4078 FEC ID number of contributing federal political committee. C Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 / 07 / 2007 Transaction ID: SA11.7256193 Amount of Each Receipt this Period 1000.00 CONTRIBUTION
<b>B. MRS. SUZANNE BARKSDALE</b> Full Name (Last, First, Middle Initial) Mailing Address 206 BERTRAM COURT City Augusta State GA Zip Code 30909-4691 FEC ID number of contributing federal political committee. C Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Receipt For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 / 26 / 2007 Transaction ID: SA11.7281598 Amount of Each Receipt this Period 20.00 CONTRIBUTION
<b>C. MR. CONSTANTINE BARLAS</b> Full Name (Last, First, Middle Initial) Mailing Address PO BOX 5062 City WALNUT CREEK State CA Zip Code 94596-1062 FEC ID number of contributing federal political committee. C Name of Employer SELF-EMPLOYED Occupation INSURANCE Receipt For: 008" <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Date of Receipt M M / D D / Y Y Y Y 11 / 08 / 2007 Transaction ID: SA11.7257537 Amount of Each Receipt this Period 50.00 CONTRIBUTION
<b>SUBTOTAL of Receipts This Page (optional)</b>		1070.00
<b>TOTAL This Period (last page this line number only)</b>		