

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 602 / 4542  
(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)  
REPUBLICAN NATIONAL COMMITTEE

**A.** Full Name (Last, First, Middle Initial)  
Ms. Nita Bryan

Mailing Address 1817 S.W. 30th Street

City Moore State OK Zip Code 73160-2810

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

Name of Employer: Integris Baptist Medical Ctr. Occupation: R.N.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 02 / 2010  
Transaction ID: 2010M04L11A112952  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Nita Bryan

Mailing Address 1817 S.W. 30th Street

City Moore State OK Zip Code 73160-2810

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

Name of Employer: Integris Baptist Medical Ctr. Occupation: R.N.

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 03 / 31 / 2010  
Transaction ID: 2010M04L11A112953  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Barbara M. Bryant

Mailing Address 149 N. Central Avenue

City Saint Louis State MO Zip Code 63105

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

Name of Employer Requested: Occupation Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 03 / 15 / 2010  
Transaction ID: 2010M04L11A112954  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 850.00

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