

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

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

FOR LINE NUMBER: PAGE 53 / 357  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Nevada Republican State Central Committee

**A.** Full Name (Last, First, Middle Initial)  
Bruce Woollen  
 Mailing Address 2 Crystal Tree Pass  
 City Henderson State NV Zip Code 89052-6701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vignettes LLC Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500.00  
 Date of Receipt 10 / 22 / 2010  
**Transaction ID:** 01024.C99591  
 Amount of Each Receipt this Period 2500.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
Bruce Woollen  
 Mailing Address 2 Crystal Tree Pass  
 City Henderson State NV Zip Code 89052-6701  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Vignettes LLC Occupation Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000.00  
 Date of Receipt 11 / 06 / 2010  
**Transaction ID:** 01117.C100877  
 Amount of Each Receipt this Period 500.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Anthony E Wright  
 Mailing Address 4310 Malaga Dr  
 City Las Vegas State NV Zip Code 89121-6519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integrity Home Health Occupation Registered Nurse  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 490.00  
 Date of Receipt 11 / 06 / 2010  
**Transaction ID:** 01117.C100896  
 Amount of Each Receipt this Period 90.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3090.00  
**TOTAL** This Period (last page this line number only) ..... ►