

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 1925 / 2864
(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)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

<p>A. Full Name (Last, First, Middle Initial) DR. JOSEPH T. SHEN, M.D.</p> <p>Mailing Address 14 VANDERVENTER AVE</p> <p>City PORT WASHINGTON State NY Zip Code 11050</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer PREMIER HEART, LLC Occupation PHYSICIAN INVENTOR</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 310.00</p>	<p>Date of Receipt 09 / 21 / 2010</p> <p>Transaction ID: SA11.13861682</p> <p>Amount of Each Receipt this Period 310.00</p> <p>CONTRIBUTION</p>
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<p>B. Full Name (Last, First, Middle Initial) MR. SUDHAKAR V. SHENOY</p> <p>Mailing Address 10855 PATOWMACK DR</p> <p>City GREAT FALLS State VA Zip Code 22066-3034</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer INFORMATION MGMT CONS INC-ORPORATED Occupation C.E.O.</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt 09 / 28 / 2010</p> <p>Transaction ID: SA11.13885764</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>CONTRIBUTION</p>
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<p>C. Full Name (Last, First, Middle Initial) F. G. SHEPARDSON</p> <p>Mailing Address 502 KELSEY ST.</p> <p>City LAKELAND State FL Zip Code 33803-2382</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 354.00</p>	<p>Date of Receipt 09 / 07 / 2010</p> <p>Transaction ID: SA11.13832590</p> <p>Amount of Each Receipt this Period 39.00</p> <p>CONTRIBUTION</p>
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SUBTOTAL of Receipts This Page (optional)	1349.00
TOTAL This Period (last page this line number only)	