

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 158
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Dr. Raul Ruiz for Congress

A. Full Name (Last, First, Middle Initial)
Ketan Pandya M.D.

Mailing Address 500 Winderley Pl
Ste 115

City Maitland State FL Zip Code 32751-7406

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

Name of Employer Florida Emergency Physicians Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : C10371783

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Sanjay J. Pattani

Mailing Address 13124 Bellaria Cir

City Windermere State FL Zip Code 34786-7401

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

Name of Employer Florida Emergency Physicians Occupation Emergency Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : C10371788

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Vanessa C. Peluso M.D.

Mailing Address 500 Winderley Pl

City Maitland State FL Zip Code 32751-7247

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

Name of Employer Florida Emergency Physicians Occupation Physician

Receipt For: 2016
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 31 / 2015

Transaction ID : C10371789

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....

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

1500.00