

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

 FOR LINE NUMBER:
 (check only one)

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<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 Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

Transaction ID : 20150518183743-9

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physician Managemen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	1	5

Transaction ID : 20150619175314-99

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Leonardo Cisneros

Mailing Address 2365 Forrest Rd

City

Winter Park

State

FL

Zip Code

32789-6028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang & As

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	5

Transaction ID : 489CDBB0B1934C28813B

Amount of Each Receipt this Period

1200.00

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

1400.00

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