

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

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

FOR LINE NUMBER: PAGE 35 OF 259

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee - American College of Emergency Physicians

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 Y Y  
06 / 23 / 2016

Transaction ID : 20160623185258-10

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 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 &amp; 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 Y Y  
05 / 23 / 2016

Transaction ID : 2016052417757-1

Amount of Each Receipt this Period

1200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. R Carter Clements**

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Oakcare Medical Group

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 Y Y  
04 / 25 / 2016

Transaction ID : 430DB16E057278AF026D

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

1400.00

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