

**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 99 OF 162
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 11d	
	<input type="checkbox"/> 12 <input type="checkbox"/> 13a <input type="checkbox"/> 13b <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Joe Kyrillos for US Senate**

**A.** Full Name (Last, First, Middle Initial)  
**William Jow**

Mailing Address 156 Van Brackle Rd

City State Zip Code  
Matawan NJ 07747-1828

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

Name of Employer Occupation  
Shore Point Medical Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
789.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2012

Transaction ID : 21019.C9607

Amount of Each Receipt this Period  
200.00

Memo  
**[MEMO ITEM]**  
Partnership->Shore Point Medical Assoc., LLC PARTNERSHIP

**B.** Full Name (Last, First, Middle Initial)  
**Kiritkumar Pandya**

Mailing Address 2100 Friar Ct

City State Zip Code  
Wall Township NJ 07719-9744

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

Name of Employer Occupation  
Shore Point Medical Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
789.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2012

Transaction ID : 21019.C9608

Amount of Each Receipt this Period  
200.00

Memo  
**[MEMO ITEM]**  
Partnership->Shore Point Medical Assoc., LLC PARTNERSHIP

**C.** Full Name (Last, First, Middle Initial)  
**Mukaram Gazi**

Mailing Address 20 Millennium Dr

City State Zip Code  
Columbus NJ 08022-2250

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

Name of Employer Occupation  
Shore Point Medical Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
789.00

Date of Receipt  
MM / DD / YYYY  
10 / 17 / 2012

Transaction ID : 21019.C9609

Amount of Each Receipt this Period  
200.00

Memo  
**[MEMO ITEM]**  
Partnership->Shore Point Medical Assoc., LLC PARTNERSHIP

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

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

0.00

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