

**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)	PAGE 25 OF 340
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Brooks F Bock
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Lions Ridge Loop

City Vail State CO Zip Code 81657-5757

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

Name of Employer Medical Center Emergency Services Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 13 / 2015
Transaction ID : E8627EA9EAB74F4C98C0

Amount of Each Receipt this Period
 1000.00

B. Brooks F Bock
Full Name (Last, First, Middle Initial)

Mailing Address 1700 Lions Ridge Loop

City Vail State CO Zip Code 81657-5757

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

Name of Employer Medical Center Emergency Services Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 08 / 2015
Transaction ID : C8D0C478FDCB72A96F3

Amount of Each Receipt this Period
 1200.00

C. Andrea N Boehland
Full Name (Last, First, Middle Initial)

Mailing Address 3234 Strand Rd

City Duluth State MN Zip Code 55803-9758

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

Name of Employer Physician Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2015
Transaction ID : 20150710125259-46

Amount of Each Receipt this Period
 200.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
TOTAL This Period (last page this line number only).....▶	