

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR 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. Ernest Page II**

Mailing Address 11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

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 : F8073C124227465FB531**

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

**B. James F Palombaro**

Mailing Address 11500 Black Horse Run

City

Raleigh

State

NC

Zip Code

27613-7003

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wake Emergency Physicians PA

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

**Transaction ID : AF4827CDE0844EA3AC81**

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Ketan Pandya**

Mailing Address 13049 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Florida Emergency Physicians Kang &amp; As

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

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 : 89B939E5391B4A5081CA**

Amount of Each Receipt this Period

1200.00

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

2450.00

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