

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 6 OF 7

☒ 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 ASSOCIATION OF EMS PHYSICIANS PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Barhorst, Brian, , ,

Mailing Address 23 Hummingbird Lane

City

Wheelersbrg

State

OH

Zip Code

45694

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Department of Veterans Affairs

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 21 / 2019

Transaction ID : SA11Al.4100

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Bond, Alicia, , ,

Mailing Address 8707 Yank Gulch Road

City

Talent

State

OR

Zip Code

97540

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Self

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 28 / 2019

Transaction ID : SA11Al.4102

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Daya, Mohamud, , ,

Mailing Address 2730 Northwest Pettygrove Street

City

Portland

State

OR

Zip Code

97210

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

OHSU

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 06 / 2019

Transaction ID : SA11Al.4110

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

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

1250.00