

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

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

FOR LINE NUMBER: PAGE 171 OF 333

(check only one)

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

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NAME OF COMMITTEE (In Full)

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

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

A. Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City
FairlawnState
OHZip Code
44333-3288FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medicine Physician ManagemenOccupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 20 / 2018

Transaction ID : 201808241994-106

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City
FairlawnState
OHZip Code
44333-3288FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medicine Physician ManagemenOccupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 24 / 2018

Transaction ID : 201809279536-84

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Martens, Suzanne, Jean, ,

Mailing Address 38 Lake Breeze Ln

City
Random LakeState
WIZip Code
53075-1679FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self-EmployedOccupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 24 / 2018

Transaction ID : 201809051514-3

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

700.00

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