

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

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

FOR LINE NUMBER: PAGE 69 OF 667

(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. Caceres, Camilo, , ,**

Mailing Address 2419 Smallman St  
Unit 401

City  
Pittsburgh

State  
PA

Zip Code  
15222-5643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self-Employed

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 20 / 2019

**Transaction ID : 201912271716-6**

Amount of Each Receipt this Period

50.00

☐ Memo Item

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

**B. Campana, Christina, , ,**

Mailing Address 4601 Hawkins Rd

City  
Richfield

State  
OH

Zip Code  
44286-9207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

General Emergency Medical Specialists,

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
07 / 04 / 2019

**Transaction ID : 4E3BA391BC9AA518F9A7**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. Campana, Christina, , ,**

Mailing Address 4601 Hawkins Rd

City  
Richfield

State  
OH

Zip Code  
44286-9207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

General Emergency Medical Specialists,

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 04 / 2019

**Transaction ID : 4177B303BDCC22DFC827**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

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

250.00