

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

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

FOR LINE NUMBER: PAGE 164 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. Falcone, Angelo, L, ,

Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City
Brookeville

State
MD

Zip Code
20833-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP Health, LLC

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

09 / 19 / 2019

Transaction ID : 201909191896-36

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Falcone, Angelo, L, ,

Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City
Brookeville

State
MD

Zip Code
20833-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP Health, LLC

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

10 / 24 / 2019

Transaction ID : 2019102419535-35

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Falcone, Angelo, L, ,

Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City
Brookeville

State
MD

Zip Code
20833-1414

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP Health, LLC

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

11 / 20 / 2019

Transaction ID : 2019112215216-33

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

300.00

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