

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)

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☒ 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

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

Transaction ID : 201912271716-33

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Falconer, Robert, Neal, ,

Mailing Address 7520 190th PI NE

City
Arlington

State
WA

Zip Code
98223-7481

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Eastside Emergency Physicians

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2019

Transaction ID : 2019122716135-11

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

C. Fernandez, Gerardo, A, ,

Mailing Address 777 N Orange Ave
Apt 500

City
Orlando

State
FL

Zip Code
32801-1183

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Florida Emergency Physicians

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 25 / 2019

Transaction ID : F65E363C-A167-4A5B-

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

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

1665.00