

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

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

FOR LINE NUMBER: PAGE 274 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. Jakubowicz, Andrew, , ,

Mailing Address 210 Towne Village Dr

City
Cary

State
NC

Zip Code
27513-8910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Emergency Physicians PA

Occupation (for Individual)
Emergency 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
12 / 17 / 2019

Transaction ID : 2019122013415-2

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

B. Jakubowicz, Andrew, , ,

Mailing Address 210 Towne Village Dr

City
Cary

State
NC

Zip Code
27513-8910

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Wake Emergency Physicians PA

Occupation (for Individual)
Emergency 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
12 / 26 / 2019

Transaction ID : 201912271695-2

Amount of Each Receipt this Period

12.50

☐ Memo Item

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

C. Jakubowski, Julian, AJ, ,

Mailing Address 306 Bellevue St

City
Marietta

State
OH

Zip Code
45750-2620

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 ▼

300.00

Date of Receipt

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

Transaction ID : 49DE97A53BC1C1332B8A

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)..... ►

125.00