

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 OF 667

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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. Keaton, Brian, F, ,**

Mailing Address 164 Silver Valley Blvd

City  
Munroe FallsState  
OHZip Code  
44262-1084FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Summa Emergency Associates IncorporateOccupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID : 2019110511295-88

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

**B. Kelen, Gabor, David, ,**

Mailing Address 1307 Malvern Ave

City  
BaltimoreState  
MDZip Code  
21204-6723FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Johns Hopkins Medical Institute FacultOccupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		22		2019

Transaction ID : 916433CD-B201-4328-

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

**C. Kency, Fred, E, , Jr**

Mailing Address 129 Wethersfield Dr

City  
MadisonState  
MSZip Code  
39110-6931FEC 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 ▼

365.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		26		2019

Transaction ID : 2019110511295-227

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

1930.00

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