

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

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

FOR LINE NUMBER: PAGE 521 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. Starr, Gary, C, ,**

Mailing Address 411 Walnut St  
# 14380

City  
Green Cove Springs

State  
FL

Zip Code  
32043-3443

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 ▼

1200.00

Date of Receipt

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

**Transaction ID : 41259C4CDD66324F3A5**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Steffenson, Sandra, L, ,**

Mailing Address 4 Valley High

City

Lafayette

State

CA

Zip Code

94549-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Vituity

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

371.77

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 / 17 / 2019

**Transaction ID : 20191220915-458**

Amount of Each Receipt this Period

93.28

☐ Memo Item

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

**C. Stennes, Richard, L, ,**

Mailing Address 2533 Calle Del Oro

City

La Jolla

State

CA

Zip Code

92037-2005

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 ▼

600.00

Date of Receipt

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

**Transaction ID : C9E37810-7EA6-4B5B-**

Amount of Each Receipt this Period

600.00

☐ Memo Item

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

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

793.28