

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)

PAGE 37 OF 361

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City
North Potomac

State
MD

Zip Code
20878-4324

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

Transaction ID : 2019062617175-33

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Campana, Christina, , ,

Mailing Address 4601 Hawkins Rd

City
Richfield

State
OH

Zip Code
44286-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Emergency Medical Specialists,

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
03 / 04 / 2019

Transaction ID : 44058F35BEFF89469C66

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Campana, Christina, , ,

Mailing Address 4601 Hawkins Rd

City
Richfield

State
OH

Zip Code
44286-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
General Emergency Medical Specialists,

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
04 / 04 / 2019

Transaction ID : 41FA8730C44AF2E996F6

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)..... ►

300.00