

# **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. El-Shammaa, Emile, , ,**

Mailing Address 287 Bristol Way

City  
Worthington

State  
OH

Zip Code  
43085-3272

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 ▼

500.00

Date of Receipt

05 / 20 / 2019

**Transaction ID : 2019052413295-8**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**B. 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 ▼

600.00

Date of Receipt

03 / 21 / 2019

**Transaction ID : 2019032118136-36**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**C. 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 ▼

600.00

Date of Receipt

04 / 18 / 2019

**Transaction ID : 2019041811375-77**

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)..... ►

700.00