

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

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

FOR LINE NUMBER: PAGE 78 OF 361

(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. 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

05 / 22 / 2019

Transaction ID : 2019052314535-39

Amount of Each Receipt this Period

100.00

☐ 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

06 / 21 / 2019

Transaction ID : 2019062617175-40

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Felegi, William, Basil, ,

Mailing Address 731 Red Lion Way

City
Bridgewater

State
NJ

Zip Code
08807-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medical Associates New Jerse

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

02 / 11 / 2019

Transaction ID : 4291B88FF51683282E4F

Amount of Each Receipt this Period

625.00

☐ Memo Item

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

825.00

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