

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. Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City
West Hartford

State
CT

Zip Code
06117-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Emergency Medicine Specialis

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 13 / 2019

Transaction ID : 2019061415110-7

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

B. Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City
West Hartford

State
CT

Zip Code
06117-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Northeast Emergency Medicine Specialis

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 25 / 2019

Transaction ID : 2019070311296-7

Amount of Each Receipt this Period

25.00

☐ Memo Item

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

C. Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City
Bridgeport

State
OH

Zip Code
43912-7724

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medicine Physicians

Occupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 18 / 2019

Transaction ID : 2019041811375-86

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

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

133.33