

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

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

FOR LINE NUMBER: PAGE 102 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. Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City
BridgeportState
OHZip Code
43912-7724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medicine PhysiciansOccupation (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
05 / 22 / 2019

Transaction ID : 2019052314535-15

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City
BridgeportState
OHZip Code
43912-7724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medicine PhysiciansOccupation (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
06 / 21 / 2019

Transaction ID : 2019062617175-16

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

C. Goode, Christopher, S, ,

Mailing Address 312 Oakview Dr

City
BridgeportState
WVZip Code
26330-9638FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
University Health AssociatesOccupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2019

Transaction ID : 4FB98E1161C46B11059F

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

266.66

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