

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 OF 361

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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. Schmitz, Gillian, , ,**

Mailing Address 111 Ottawa Run

City

Shavano Park

State

TX

Zip Code

78231-1457

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 ▼

699.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2019

Transaction ID : 4978B6AADC6E2C3094EC

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Schmitz, Gillian, , ,**

Mailing Address 111 Ottawa Run

City

Shavano Park

State

TX

Zip Code

78231-1457

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 ▼

699.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	01	/	2019

Transaction ID : 2019051015415-173

Amount of Each Receipt this Period

16.67

☐ Memo Item

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

**C. Schmitz, Gillian, , ,**

Mailing Address 111 Ottawa Run

City

Shavano Park

State

TX

Zip Code

78231-1457

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 ▼

699.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2019

Transaction ID : 45F693F0818A7C44AEA1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

216.67

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