

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

FOR LINE NUMBER: PAGE 233 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. Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City
AkronState
OHZip Code
44333-4703FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Emergency Medicine Physician Managemen

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M	D D	Y Y Y Y Y Y
06	21	2019

Transaction ID : 2019062617175-22

Amount of Each Receipt this Period

83.33

☐ Memo Item

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

B. Scruggs, William, P, ,

Mailing Address 1445 Akiikii Pl

City
KailuaState
HIZip Code
96734-4285FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Hawaii Emergency Physicians Associated

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
05	10	2019

Transaction ID : 8120617E9222AB78C78

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

C. Seaberg, David, Charles, ,Mailing Address 21 Furnace St
Unit 705City
AkronState
OHZip Code
44308-1967FEC 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 ▼

600.00

Date of Receipt

M M	D D	Y Y Y Y Y Y
03	07	2019

Transaction ID : 41B29D2A70C8AF479614

Amount of Each Receipt this Period

300.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶

1583.33

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