

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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. 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 M	D D D	Y Y Y Y Y Y
06	07	2019

**Transaction ID : 484C8819D0FE9A731280**

Amount of Each Receipt this Period

300.00

☐ Memo Item

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

**B. Shah, Parin, , ,**

Mailing Address 200 Canada Verde St

City

San Antonio

State  
TXZip Code  
78232-1141FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
E Merge PhysiciansOccupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

**Transaction ID : 26463ABD-4D07-443B-**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

**c. Shangold, Gregory, L, ,**

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State  
CTZip Code  
06268-2756FEC 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 ▼

550.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	25	2019

**Transaction ID : 2019032716296-25**

Amount of Each Receipt this Period

50.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1550.00