

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 280 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. Wilcox, David, E, ,

Mailing Address 8 Aspen Dr

City
South GlastonburyState
CTZip Code
06073-2938FEC 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 ▼

365.00

Date of Receipt

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

Transaction ID : 27C9D8A0-637C-4752-

Amount of Each Receipt this Period

365.00

☐ Memo Item

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

B. Wilkerson, Dean, , ,

Mailing Address 538 Rolling Hills Rd

City
CoppellState
TXZip Code
75019-4049FEC 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 ▼

1200.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
04	22	2019

Transaction ID : 2D868386B6B2336C992

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

C. Williams, Jefferson, G, ,

Mailing Address 104 Quailview Dr

City
Chapel HillState
NCZip Code
27516-9337FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Wake Emergency Physicians PA

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : 201907111696-44

Amount of Each Receipt this Period

50.00

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

1615.00

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