FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

ADDRESS (number and street) ▼ 4950 W Royal Lane

☐ Check if different than previously reported. (ACC)

Irving | TX | 75038 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00140061

3. IS THIS REPORT ☒ NEW (N) **OR** ☐ AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☒ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period 07 / 01 / 2017 through 12 / 31 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Powers, Layla, , Mrs., MBA

Signature of Treasurer *Powers, Layla, , Mrs., MBA* ***[Electronically Filed]*** Date 01 / 23 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Report Covering the Period: From: 07 / 01 / 2017 To: 12 / 31 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		294015.90
(b) Cash on Hand at Beginning of Reporting Period	327179.15	
(c) Total Receipts (from Line 19)	522963.47	1051425.67
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	850142.62	1345441.57
7. Total Disbursements (from Line 31)	448463.81	943762.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	401678.81	401678.81
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 05/2016)

Write or Type Committee Name

National Emergency Medicine Political Action Committee / American College of Emergency Physicians

Report Covering the Period: From: M M 07 / D D 01 / Y Y Y Y 2017 To: M M 12 / D D 31 / Y Y Y Y 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	323443.59	851903.54
(ii) Unitemized	199497.23	199497.23
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	522940.82	1051400.77
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	522940.82	1051400.77
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	22.65	24.90
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	522963.47	1051425.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	522963.47	1051425.67

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	4863.81	9162.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	4863.81	9162.76
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	443600.00	934600.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations)	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	448463.81	943762.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	448463.81	943762.76

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	522940.82	1051400.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	522940.82	1051400.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	4863.81	9162.76
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	4863.81	9162.76

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aguilar, Celia, M, ,

Mailing Address 105 Rose Owens Dr

City: Harbinger | State: NC | Zip Code: 27941-9787

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-45

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aguilar, Celia, M, ,

Mailing Address 105 Rose Owens Dr

City: Harbinger | State: NC | Zip Code: 27941-9787

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-13

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aguilar, Celia, M, ,

Mailing Address 105 Rose Owens Dr

City: Harbinger | State: NC | Zip Code: 27941-9787

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-13

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aguilar, Celia, M, ,

Mailing Address 105 Rose Owens Dr

City: Harbinger | State: NC | Zip Code: 27941-9787

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-51

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aiken, James, B, ,

Mailing Address 81 Yosemite Dr

City: New Orleans | State: LA | Zip Code: 70131-8661

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 25 / Y Y Y Y 2017

Transaction ID : 461E905130C796AF84F9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aiken, James, B, ,

Mailing Address 81 Yosemite Dr

City: New Orleans | State: LA | Zip Code: 70131-8661

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : 47429865078415CA94E2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Aiken, James, B, ,
Mailing Address: 81 Yosemite Dr
City: New Orleans | State: LA | Zip Code: 70131-8661
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 ▼: 1200.00
Date of Receipt: 09 / 25 / 2017
Transaction ID : 4226BD84E9BEB7407709
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Aiken, James, B, ,
Mailing Address: 81 Yosemite Dr
City: New Orleans | State: LA | Zip Code: 70131-8661
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 ▼: 1200.00
Date of Receipt: 10 / 28 / 2017
Transaction ID : 4392B86628FE9802C71B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Aiken, James, B, ,
Mailing Address: 81 Yosemite Dr
City: New Orleans | State: LA | Zip Code: 70131-8661
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 ▼: 1200.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 480DBE082CDE0F6803B4
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aiken, James, B, ,

Mailing Address 81 Yosemite Dr

City: New Orleans | State: LA | Zip Code: 70131-8661

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4B9DB65395C58236937D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Akunyili, Ije, E, ,

Mailing Address 48 Sound Beach Ave

City: Old Greenwich | State: CT | Zip Code: 06870-1416

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 ▼ 900.00

Date of Receipt: M M 07 / D D 25 / Y Y Y Y 2017

Transaction ID : 403AB404BE37992221E6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Akunyili, Ije, E, ,

Mailing Address 48 Sound Beach Ave

City: Old Greenwich | State: CT | Zip Code: 06870-1416

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 ▼ 900.00

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : 4F26B7F26DBE264C9673

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Akunyili, Ije, E, ,

Mailing Address 48 Sound Beach Ave

City: Old Greenwich | State: CT | Zip Code: 06870-1416

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 ▼ 900.00

Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2017

Transaction ID : 408280DA789925CB4582

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aldeen, Amer, , ,

Mailing Address 11888 Crosscreek Ct

City: Burr Ridge | State: IL | Zip Code: 60527-6363

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-46

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aldeen, Amer, , ,

Mailing Address 11888 Crosscreek Ct

City: Burr Ridge | State: IL | Zip Code: 60527-6363

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-14

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aldeen, Amer, , ,

Mailing Address 11888 Crosscreek Ct

City: Burr Ridge | State: IL | Zip Code: 60527-6363

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 ▼ 1200.00

Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-14

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aldeen, Amer, , ,

Mailing Address 11888 Crosscreek Ct

City: Burr Ridge | State: IL | Zip Code: 60527-6363

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 ▼ 1200.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-52

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aldeen, Amer, , ,

Mailing Address 11888 Crosscreek Ct

City: Burr Ridge | State: IL | Zip Code: 60527-6363

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 ▼ 1200.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-121

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aldeen, Amer, , ,

Mailing Address 11888 Crosscreek Ct

City: Burr Ridge | State: IL | Zip Code: 60527-6363

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 ▼ 1200.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-36

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Allin, Dennis, Michael, ,

Mailing Address 8417 Houston St

City: Lenexa | State: KS | Zip Code: 66227-2412

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Physician Services of Kansas Universit
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-3

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Stephen, H, ,

Mailing Address 34926 SE Brinkley St

City: Snoqualmie | State: WA | Zip Code: 98065-5059

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cascade Emergency Physicians Incorpora
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1900.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : 76EE08BD7BD2BC11D18

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Andrabi, Sara, , ,

Mailing Address 1615 Hermann Dr
Unit 1103

City: Houston | State: TX | Zip Code: 77004-7141

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 ▼ 365.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-4

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ansari, Sobia, , ,

Mailing Address 1132 Gunderson Ave

City: Oak Park | State: IL | Zip Code: 60304-2120

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 ▼ 800.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 4471B14268A515F9CB01

Amount of Each Receipt this Period: 150.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ansari, Sobia, , ,

Mailing Address 1132 Gunderson Ave

City: Oak Park | State: IL | Zip Code: 60304-2120

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 ▼ 800.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 41BDB4689E3A371A6E50

Amount of Each Receipt this Period: 150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 665.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Antinori, Jim, V, ,

Mailing Address 3060 Oak Rim Ln

City: Park City | State: UT | Zip Code: 84060-6803

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EPIC, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 1B4F07E26884166E2F6

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ardolic, Brahim, , ,

Mailing Address 7 Hathaway Dr

City: New Providence | State: NJ | Zip Code: 07974-1632

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of the Rockies
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : E5E8CA1B74CD21190C8

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Arwindekar, Amit, D, ,

Mailing Address 2043 W McLean Ave

City: Chicago | State: IL | Zip Code: 60647-4532

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Physicians, PC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-47

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Arwindekar, Amit, D, ,
Mailing Address: 2043 W McLean Ave
City: Chicago | State: IL | Zip Code: 60647-4532
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medical Physicians, PC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-15
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Arwindekar, Amit, D, ,
Mailing Address: 2043 W McLean Ave
City: Chicago | State: IL | Zip Code: 60647-4532
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medical Physicians, PC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-15
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Arwindekar, Amit, D, ,
Mailing Address: 2043 W McLean Ave
City: Chicago | State: IL | Zip Code: 60647-4532
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medical Physicians, PC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-53
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ash, Adam, , ,

Mailing Address 1517 Station Way

City: Huntington Station | State: NY | Zip Code: 11746-1977

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 ▼ 365.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2017

Transaction ID : 8A1A02F4-5B68-4CA5-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Astin, Matthew, R, ,

Mailing Address 261 College St

City: Macon | State: GA | Zip Code: 31201-1608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ApolloMD Group Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 4C85A583C28C9049DC94

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Astin, Matthew, R, ,

Mailing Address 261 College St

City: Macon | State: GA | Zip Code: 31201-1608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ApolloMD Group Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 08 / D D 21 / Y Y Y Y 2017

Transaction ID : 48E3B6818236360B3996

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 565.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Astin, Matthew, R, ,

Mailing Address 261 College St

City: Macon | State: GA | Zip Code: 31201-1608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ApolloMD Group Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 4F9E8BBAED2CB3F2614D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aswegan, Andrew, Luke, ,

Mailing Address 217 Dove Ln

City: Elkton | State: MD | Zip Code: 21921-7643

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 09 / 2017

Transaction ID : C050A581456111D525E

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Auerbach, Bruce, S, ,

Mailing Address 1 Charles St S
1 Charles Street SouthUnit 1210

City: Boston | State: MA | Zip Code: 02116-5447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sturdy Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 30 / 2017

Transaction ID : 4C61969396A181A8B1C2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Auerbach, Bruce, S, ,

Mailing Address 1 Charles St S
1 Charles Street SouthUnit 1210

City: Boston | State: MA | Zip Code: 02116-5447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sturdy Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 4B92BA5A7D0D83DF2B6A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Auerbach, Bruce, S, ,

Mailing Address 1 Charles St S
1 Charles Street SouthUnit 1210

City: Boston | State: MA | Zip Code: 02116-5447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sturdy Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 30 / Y Y Y Y 2017

Transaction ID : 4D5082E42D8124ACBC5B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Auerbach, Bruce, S, ,

Mailing Address 1 Charles St S
1 Charles Street SouthUnit 1210

City: Boston | State: MA | Zip Code: 02116-5447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sturdy Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2017

Transaction ID : 4E52BCE797FB1CBD8B12

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Auerbach, Bruce, S, ,

Mailing Address 1 Charles St S
1 Charles Street SouthUnit 1210

City: Boston | State: MA | Zip Code: 02116-5447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sturdy Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 30 / 2017
Transaction ID : 45B790A0FB7404EFDD58

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Auerbach, Bruce, S, ,

Mailing Address 1 Charles St S
1 Charles Street SouthUnit 1210

City: Boston | State: MA | Zip Code: 02116-5447

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sturdy Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 30 / 2017
Transaction ID : 4F178B2F32AB196128F6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: 07 / 03 / 2017
Transaction ID : 20170721162819-361

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-48

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-16

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-16

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-54

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-123

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Augustine, James, Jerome, ,

Mailing Address 715 Yankee Trace Dr

City: Dayton | State: OH | Zip Code: 45458-3999

FEC 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 ▼ 1500.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-67

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aulick, Neal, Finley, , II

Mailing Address 11 Aaronwoods Ct

City: Wheeling | State: WV | Zip Code: 26003-9358

FEC 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 ▼ 2400.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-49

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aulick, Neal, Finley, , II

Mailing Address 11 Aaronwoods Ct

City: Wheeling | State: WV | Zip Code: 26003-9358

FEC 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 ▼ 2400.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-17

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aulick, Neal, Finley, , II

Mailing Address 11 Aaronwoods Ct

City: Wheeling | State: WV | Zip Code: 26003-9358

FEC 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 ▼ 2400.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-17

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aulick, Neal, Finley, , II

Mailing Address 11 Aaronwoods Ct

City: Wheeling | State: WV | Zip Code: 26003-9358

FEC 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 ▼ 2400.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-119

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aulick, Neal, Finley, , II

Mailing Address 11 Aaronwoods Ct

City: Wheeling | State: WV | Zip Code: 26003-9358

FEC 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 ▼ 2400.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-188

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Aulick, Neal, Finley, , II

Mailing Address 11 Aaronwoods Ct

City: Wheeling | State: WV | Zip Code: 26003-9358

FEC 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 ▼ 2400.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-86

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baddoura, Rashid, J, ,

Mailing Address 120 Heights Rd

City: Ridgewood | State: NJ | Zip Code: 07450-2412

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Valley Emergency Room Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2017

Transaction ID : 71885F08-50AD-4817-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bailey, Joel, G, ,

Mailing Address 115 Nesbit Reserve Ct

City: Alpharetta | State: GA | Zip Code: 30022-6245

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 ▼ 400.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2017

Transaction ID : 2017091912504-2

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baker, Mark, , ,

Mailing Address 34 Puukani Pl

City: Kailua | State: HI | Zip Code: 96734-2928

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-6

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baker, Michael, J, ,

Mailing Address 3680 Creekside Dr

City: Ann Arbor | State: MI | Zip Code: 48105-9308

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 ▼ 2400.00

Date of Receipt: 09 / 08 / 2017

Transaction ID : 448D3F2D-8BDD-4C1F-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barcega, Besh, , ,

Mailing Address 16567 Weeping Willow Dr

City: Riverside | State: CA | Zip Code: 92503-9786

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 03 / 2017

Transaction ID : 9533392A-5A36-4838-

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barnett, Katrina, , ,

Mailing Address 4182 Manuela Ave

City: Palo Alto | State: CA | Zip Code: 94306-3702

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017

Transaction ID : 2018010418353-195

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1773.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barnewolt, Brien, Alfred, ,

Mailing Address 68 Greenlawn Ave

City: Newton Center | State: MA | Zip Code: 02459-1714

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tufts Medical Center EP, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 23 / Y Y Y Y 2017

Transaction ID : 4612B159F6262DB08D26

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barnewolt, Brien, Alfred, ,

Mailing Address 68 Greenlawn Ave

City: Newton Center | State: MA | Zip Code: 02459-1714

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tufts Medical Center EP, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2017

Transaction ID : 4C8F8D5BE4BA19CE6D9D

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barricella, Robert, Louis, ,

Mailing Address 712 Grove Ave

City: Cliffside Pk | State: NJ | Zip Code: 07010-2008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMDNJ Pediatrics Emergency Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 2017081892820-10

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barrow, Leigh, Anderson, ,

Mailing Address 1707 E 43rd St

City: Tulsa | State: OK | Zip Code: 74105-4253

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 ▼ 999.96

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-50

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barrow, Leigh, Anderson, ,

Mailing Address 1707 E 43rd St

City: Tulsa | State: OK | Zip Code: 74105-4253

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 ▼ 999.96

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-18

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barrow, Leigh, Anderson, ,

Mailing Address 1707 E 43rd St

City: Tulsa | State: OK | Zip Code: 74105-4253

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 ▼ 999.96

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-18

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Barrow, Leigh, Anderson, ,
Mailing Address: 1707 E 43rd St
City: Tulsa | State: OK | Zip Code: 74105-4253
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 ▼ 999.96
Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017
Transaction ID : 2017120314503-55
Amount of Each Receipt this Period: 83.33
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Barrow, Leigh, Anderson, ,
Mailing Address: 1707 E 43rd St
City: Tulsa | State: OK | Zip Code: 74105-4253
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 ▼ 999.96
Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017
Transaction ID : 2017120314503-124
Amount of Each Receipt this Period: 83.33
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Barrow, Leigh, Anderson, ,
Mailing Address: 1707 E 43rd St
City: Tulsa | State: OK | Zip Code: 74105-4253
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 ▼ 999.96
Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017
Transaction ID : 2018010418353-78
Amount of Each Receipt this Period: 83.33
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barry, James, David, ,

Mailing Address 14 Paloma Ave

City: Long Beach | State: CA | Zip Code: 90803-2626

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 ▼ 565.00

Date of Receipt: 10 / 02 / 2017

Transaction ID : 7D77A9D5-FC7D-4D99-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Batki, Dara, , ,

Mailing Address 3341 Single Peak

City: San Antonio | State: TX | Zip Code: 78261-1817

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Southwst Texas Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 09 / 2017

Transaction ID : 20170721162819-405

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baum, Andrew, , ,

Mailing Address 1148 Court of Fiddlers Grn

City: Bel Air | State: MD | Zip Code: 21015-5690

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-19

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 665.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baum, Andrew, , ,

Mailing Address 1148 Court of Fiddlers Grn

City: Bel Air | State: MD | Zip Code: 21015-5690

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-19

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baum, Andrew, , ,

Mailing Address 1148 Court of Fiddlers Grn

City: Bel Air | State: MD | Zip Code: 21015-5690

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-56

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baum, Andrew, , ,

Mailing Address 1148 Court of Fiddlers Grn

City: Bel Air | State: MD | Zip Code: 21015-5690

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-125

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Baum, Andrew, , ,

Mailing Address 1148 Court of Fiddlers Grn

City: Bel Air | State: MD | Zip Code: 21015-5690

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-37

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bayless, Patricia, A, ,

Mailing Address 7233 N 16th Ave

City: Phoenix | State: AZ | Zip Code: 85021-7921

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): District Medical Group, Inc.
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 27 / 2017
Transaction ID : 2017111010353-8

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bensen, Randal, Dale, ,

Mailing Address 16001 30th Dr SE

City: Mill Creek | State: WA | Zip Code: 98012-7829

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-25

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Benson, Jill, Lynn, ,
Mailing Address: 105 Phacelia Way
City: Cary | State: NC | Zip Code: 27518-8951
FEC 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 ▼ 600.00
Date of Receipt: 07 / 13 / 2017
Transaction ID : 2017072117584-7
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Benson, Jill, Lynn, ,
Mailing Address: 105 Phacelia Way
City: Cary | State: NC | Zip Code: 27518-8951
FEC 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 ▼ 600.00
Date of Receipt: 08 / 11 / 2017
Transaction ID : 20170815102322-2
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Benson, Jill, Lynn, ,
Mailing Address: 105 Phacelia Way
City: Cary | State: NC | Zip Code: 27518-8951
FEC 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 ▼ 600.00
Date of Receipt: 09 / 12 / 2017
Transaction ID : 2017091913204-14
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Benson, Jill, Lynn, ,
Mailing Address: 105 Phacelia Way
City: Cary | State: NC | Zip Code: 27518-8951
FEC 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 ▼: 600.00
Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017
Transaction ID : 2017102216508-15
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Benson, Jill, Lynn, ,
Mailing Address: 105 Phacelia Way
City: Cary | State: NC | Zip Code: 27518-8951
FEC 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 ▼: 600.00
Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017
Transaction ID : 2017120314503-2
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Benson, Jill, Lynn, ,
Mailing Address: 105 Phacelia Way
City: Cary | State: NC | Zip Code: 27518-8951
FEC 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 ▼: 600.00
Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017
Transaction ID : 201712181354-32
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Jill, Lynn, ,

Mailing Address 105 Phacelia Way

City: Cary | State: NC | Zip Code: 27518-8951

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-103

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Peter, C, ,

Mailing Address 155 Wilson Rd

City: Alamo | State: CA | Zip Code: 94507-1243

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-24

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Peter, C, ,

Mailing Address 155 Wilson Rd

City: Alamo | State: CA | Zip Code: 94507-1243

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-19

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 83.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Peter, C, ,

Mailing Address 155 Wilson Rd

City: Alamo | State: CA | Zip Code: 94507-1243

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-23

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Peter, C, ,

Mailing Address 155 Wilson Rd

City: Alamo | State: CA | Zip Code: 94507-1243

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-22

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Peter, C, ,

Mailing Address 155 Wilson Rd

City: Alamo | State: CA | Zip Code: 94507-1243

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-25

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benson, Peter, C, ,

Mailing Address 155 Wilson Rd

City: Alamo | State: CA | Zip Code: 94507-1243

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M 12 / D 18 / Y 2017
Transaction ID : 2018010418353-203

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Benzoni, Thomas, E, ,

Mailing Address 6136 Oakwood Dr

City: Urbandale | State: IA | Zip Code: 50322-8203

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 ▼ 600.00

Date of Receipt: M 11 / D 09 / Y 2017
Transaction ID : 217D07F85C6C289CA54

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berman, Jennifer, , ,

Mailing Address 1259 Danner St SE

City: Atlanta | State: GA | Zip Code: 30316-3117

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M 12 / D 18 / Y 2017
Transaction ID : 2018010418353-612

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 746.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bern, Andrew, I, ,
Mailing Address: 9846 NW 18th St
City: Coral Springs | State: FL | Zip Code: 33071-5826
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 ▼: 1200.00
Date of Receipt: 07 / 17 / 2017
Transaction ID : 4B01BD79FB6E6FEA7831
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bern, Andrew, I, ,
Mailing Address: 9846 NW 18th St
City: Coral Springs | State: FL | Zip Code: 33071-5826
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 ▼: 1200.00
Date of Receipt: 08 / 17 / 2017
Transaction ID : 429DAB7BDCA65F03A638
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bern, Andrew, I, ,
Mailing Address: 9846 NW 18th St
City: Coral Springs | State: FL | Zip Code: 33071-5826
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 ▼: 1200.00
Date of Receipt: 09 / 17 / 2017
Transaction ID : 4D0E9A3AD76B2E6BF692
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bern, Andrew, I, ,

Mailing Address 9846 NW 18th St

City: Coral Springs | State: FL | Zip Code: 33071-5826

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2017

Transaction ID : 43E18AA6E089902313E7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bern, Andrew, I, ,

Mailing Address 9846 NW 18th St

City: Coral Springs | State: FL | Zip Code: 33071-5826

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 29 / Y Y Y Y 2017

Transaction ID : 4ED7B8FCF2713EBDAB21

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bern, Andrew, I, ,

Mailing Address 9846 NW 18th St

City: Coral Springs | State: FL | Zip Code: 33071-5826

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 4CABBE7E7B5DF9874B39

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Best, Jessica, Ann, ,

Mailing Address 214 Barton Springs Rd
Apt 910

City: Austin | State: TX | Zip Code: 78704-0124

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 ▼ 365.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2017

Transaction ID : 3F52C112EB030E65234

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bibb, John, D, ,

Mailing Address 16449 Akron St

City: Pacific Plsds | State: CA | Zip Code: 90272-2304

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Community Urgent Care Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : 3083FF5B-539A-4A16-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biersbach, Raymond, J, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-115

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 830.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biersbach, Raymond, J, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-82

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biersbach, Raymond, J, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-78

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biersbach, Raymond, J, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-57

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biersbach, Raymond, J, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-126

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Biersbach, Raymond, J, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-90

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Birdsall, David, , ,

Mailing Address 339 Corrie Pl

City: Alamo | State: CA | Zip Code: 94507-2063

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 09 / D D 03 / Y Y Y Y 2017

Transaction ID : 201709111453-225

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Birdsall, David, , ,

Mailing Address 339 Corrie Pl

City: Alamo | State: CA | Zip Code: 94507-2063

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-205

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blankenship, Robert, , ,

Mailing Address 7058 Ravens Run

City: Cincinnati | State: OH | Zip Code: 45244-3591

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-52

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blankenship, Robert, , ,

Mailing Address 7058 Ravens Run

City: Cincinnati | State: OH | Zip Code: 45244-3591

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-20

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blankenship, Robert, , ,

Mailing Address 7058 Ravens Run

City: Cincinnati | State: OH | Zip Code: 45244-3591

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-20

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blankenship, Robert, , ,

Mailing Address 7058 Ravens Run

City: Cincinnati | State: OH | Zip Code: 45244-3591

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-58

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blankenship, Robert, , ,

Mailing Address 7058 Ravens Run

City: Cincinnati | State: OH | Zip Code: 45244-3591

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-127

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blankenship, Robert, , ,

Mailing Address 7058 Ravens Run

City: Cincinnati | State: OH | Zip Code: 45244-3591

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-91

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blaum, Justin, Francis, ,

Mailing Address 220 Grant St

City: Indiana | State: PA | Zip Code: 15701-3764

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 ▼ 400.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-21

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blaum, Justin, Francis, ,

Mailing Address 220 Grant St

City: Indiana | State: PA | Zip Code: 15701-3764

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 ▼ 400.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-59

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blaum, Justin, Francis, ,

Mailing Address 220 Grant St

City: Indiana | State: PA | Zip Code: 15701-3764

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 ▼ 400.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-128

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blaum, Justin, Francis, ,

Mailing Address 220 Grant St

City: Indiana | State: PA | Zip Code: 15701-3764

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 ▼ 400.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-74

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blue, Aaron, , ,

Mailing Address 306 E Sydmor Dr

City: Boise | State: ID | Zip Code: 83706-5668

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine of Idaho

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: 12 / 18 / 2017

Transaction ID : 2018010418353-622

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blum, Frederick, C, ,

Mailing Address 1470 Point Marion Rd

City: Morgantown | State: WV | Zip Code: 26508-1454

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 48D7ABDC9D8A262DA02C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blum, Frederick, C, ,

Mailing Address 1470 Point Marion Rd

City: Morgantown | State: WV | Zip Code: 26508-1454

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 47F39AC3E30FC58E2074

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Blum, Frederick, C, ,

Mailing Address 1470 Point Marion Rd

City: Morgantown | State: WV | Zip Code: 26508-1454

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4C089975461672E14944

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Blum, Frederick, C, ,
Mailing Address: 1470 Point Marion Rd
City: Morgantown | State: WV | Zip Code: 26508-1454
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017
Transaction ID : 4F91851493E419F4FF5D
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Blum, Frederick, C, ,
Mailing Address: 1470 Point Marion Rd
City: Morgantown | State: WV | Zip Code: 26508-1454
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017
Transaction ID : 459A88D11449C33E5F3B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Blum, Frederick, C, ,
Mailing Address: 1470 Point Marion Rd
City: Morgantown | State: WV | Zip Code: 26508-1454
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017
Transaction ID : 4818997D67DA90466148
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bockrath, Jody, , ,

Mailing Address 27101 SE 166th Pl

City: Issaquah | State: WA | Zip Code: 98027-6911

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-14

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bodony, Richard, , ,

Mailing Address 180 Toyon Dr

City: Fairfax | State: CA | Zip Code: 94930-2128

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Marin Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-208

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bolden, Jason, , ,

Mailing Address 3011 Rock Springs Rd

City: Charlotte | State: NC | Zip Code: 28226-7357

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 ▼ 935.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-54

Amount of Each Receipt this Period: 85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1358.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bolden, Jason, , ,

Mailing Address 3011 Rock Springs Rd

City: Charlotte | State: NC | Zip Code: 28226-7357

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 ▼ 935.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-22

Amount of Each Receipt this Period: 85.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bolden, Jason, , ,

Mailing Address 3011 Rock Springs Rd

City: Charlotte | State: NC | Zip Code: 28226-7357

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 ▼ 935.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-118

Amount of Each Receipt this Period: 85.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bolden, Jason, , ,

Mailing Address 3011 Rock Springs Rd

City: Charlotte | State: NC | Zip Code: 28226-7357

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 ▼ 935.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-187

Amount of Each Receipt this Period: 85.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 255.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bolden, Jason, , ,

Mailing Address 3011 Rock Springs Rd

City: Charlotte | State: NC | Zip Code: 28226-7357

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 ▼ 935.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-69

Amount of Each Receipt this Period: 85.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bora, Keenan, M, ,

Mailing Address 3475 Ridgeline Ct

City: Ann Arbor | State: MI | Zip Code: 48105-2500

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 ▼ 325.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 41CAAF77D94720B083D5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bora, Keenan, M, ,

Mailing Address 3475 Ridgeline Ct

City: Ann Arbor | State: MI | Zip Code: 48105-2500

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 ▼ 325.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : 2017111010353-10

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 210.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Borger, Rodney, W, ,

Mailing Address 22410 Starwood Dr

City: Yorba Linda | State: CA | Zip Code: 92887-2719

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 740.51

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 31568A05A053D271199

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Borger, Rodney, W, ,

Mailing Address 22410 Starwood Dr

City: Yorba Linda | State: CA | Zip Code: 92887-2719

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 740.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-213

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Born, Brenna, M, ,

Mailing Address 2211 2nd Ave W

City: Seattle | State: WA | Zip Code: 98119-2624

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-4

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1873.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bosco, Samuel, Francis, ,

Mailing Address 6 Fox Glove Ct

City: Wynantskill | State: NY | Zip Code: 12198-7801

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Associates New Jerse
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : AEEA5B5073CD5D99A4C

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bowen, Scott, L, ,

Mailing Address PO Box 1390

City: Clovis | State: CA | Zip Code: 93613-1390

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017102215504-3

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bowen, Scott, L, ,

Mailing Address PO Box 1390

City: Clovis | State: CA | Zip Code: 93613-1390

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-216

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1473.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boyer, Thomas, Patrick, ,

Mailing Address 1509 8th Ave W

City: Seattle | State: WA | Zip Code: 98119-3222

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-33

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brabson, Thomas, A, ,

Mailing Address 717 S Columbus Blvd
413

City: Philadelphia | State: PA | Zip Code: 19147-3506

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Atlantic Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-11

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bracey, Jefferson, Dale, ,

Mailing Address 1351 Manorwood St

City: Las Vegas | State: NV | Zip Code: 89135-1333

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 07 / D D 29 / Y Y Y Y 2017

Transaction ID : 41E8866BC5ABC45C31F2

Amount of Each Receipt this Period: 75.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1575.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bracey, Jefferson, Dale, ,
Mailing Address: 1351 Manorwood St
City: Las Vegas | State: NV | Zip Code: 89135-1333
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 900.00
Date of Receipt: 08 / 29 / 2017
Transaction ID : 4C51A365EFF987C6219B
Amount of Each Receipt this Period: 75.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bracey, Jefferson, Dale, ,
Mailing Address: 1351 Manorwood St
City: Las Vegas | State: NV | Zip Code: 89135-1333
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 900.00
Date of Receipt: 09 / 29 / 2017
Transaction ID : 4F27B2F3BDD6456C0877
Amount of Each Receipt this Period: 75.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bracey, Jefferson, Dale, ,
Mailing Address: 1351 Manorwood St
City: Las Vegas | State: NV | Zip Code: 89135-1333
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 900.00
Date of Receipt: 10 / 29 / 2017
Transaction ID : 42D785DFA92922C3C05A
Amount of Each Receipt this Period: 75.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bracey, Jefferson, Dale, ,

Mailing Address 1351 Manorwood St

City: Las Vegas | State: NV | Zip Code: 89135-1333

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 11 / D D 29 / Y Y Y Y 2017

Transaction ID : 4EDEA7B94FA86D020C9C

Amount of Each Receipt this Period: 75.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bracey, Jefferson, Dale, ,

Mailing Address 1351 Manorwood St

City: Las Vegas | State: NV | Zip Code: 89135-1333

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 435D94BCF68BADBED2AF

Amount of Each Receipt this Period: 75.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Richard, Neville, ,

Mailing Address 3523 Pickering Ln

City: Pearland | State: TX | Zip Code: 77584-7057

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-12

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradstreet, Jennifer, H, ,

Mailing Address 249 S Franklin St

City: Chagrin Falls | State: OH | Zip Code: 44022-3450

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-55

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradstreet, Jennifer, H, ,

Mailing Address 249 S Franklin St

City: Chagrin Falls | State: OH | Zip Code: 44022-3450

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-23

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradstreet, Jennifer, H, ,

Mailing Address 249 S Franklin St

City: Chagrin Falls | State: OH | Zip Code: 44022-3450

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-22

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradstreet, Jennifer, H, ,

Mailing Address 249 S Franklin St

City: Chagrin Falls | State: OH | Zip Code: 44022-3450

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-60

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradstreet, Jennifer, H, ,

Mailing Address 249 S Franklin St

City: Chagrin Falls | State: OH | Zip Code: 44022-3450

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-129

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradstreet, Jennifer, H, ,

Mailing Address 249 S Franklin St

City: Chagrin Falls | State: OH | Zip Code: 44022-3450

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-70

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Braithwaite, Sabina, A, ,

Mailing Address PO Box 31608

City: Saint Louis | State: MO | Zip Code: 63131-0608

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Washington University - Missouri

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 15 / 2017

Transaction ID : 434C8C651C4267252B9D

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Braithwaite, Sabina, A, ,

Mailing Address PO Box 31608

City: Saint Louis | State: MO | Zip Code: 63131-0608

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Washington University - Missouri

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 25 / 2017

Transaction ID : 4239AF984D3CE4F5E688

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Braithwaite, Sabina, A, ,

Mailing Address PO Box 31608

City: Saint Louis | State: MO | Zip Code: 63131-0608

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Washington University - Missouri

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 25 / 2017

Transaction ID : 430AB136E424D9CF7F8F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Braithwaite, Sabina, A, ,

Mailing Address PO Box 31608

City: Saint Louis | State: MO | Zip Code: 63131-0608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Washington University - Missouri
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 25 / 2017

Transaction ID : 431093BEDCD7BD5C5EAA

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Breece, Dan, Charles, ,

Mailing Address 451 James Rd

City: Fleming | State: OH | Zip Code: 45729-5041

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 ▼ 1200.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : AA5C0D546E78D5E68F2

Amount of Each Receipt this Period: 1200.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bresler, Michael, J, ,

Mailing Address 1025 Wilmington Way

City: Emerald Hills | State: CA | Zip Code: 94062-4069

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mills Peninsula Emergency Medical Asso
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: 09 / 05 / 2017

Transaction ID : D2576D99-B733-4103-

Amount of Each Receipt this Period: 365.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1665.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bretz, Stephen, W, ,

Mailing Address 1102 5th St

City: Kirkland | State: WA | Zip Code: 98033-5632

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-32

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brewer, David, Wesley, ,

Mailing Address 1429 S 3rd St

City: Louisville | State: KY | Zip Code: 40208-2116

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Rm Assoc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 405BA27411B5624B208D

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brown, Sara, Ann, ,

Mailing Address 16131 Fackler Rd

City: Monroeville | State: IN | Zip Code: 46773-9541

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Professional Emergency Physicians Inco
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 92D54B8B2A01D159854

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2100.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Brunell, Thomas, A, ,

Mailing Address 55 Cherry Ln

City: Longmeadow | State: MA | Zip Code: 01106-1607

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 ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 378AE1316D07980DC79

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bundy, Lisa, M, ,

Mailing Address 4250 Marden Way

City: Vestavia | State: AL | Zip Code: 35242-2211

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 ▼ 1100.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-146

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bundy, Lisa, M, ,

Mailing Address 4250 Marden Way

City: Vestavia | State: AL | Zip Code: 35242-2211

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 ▼ 1100.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 40A094A508356931E6EB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 716.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bundy, Lisa, M, ,
Mailing Address: 4250 Marden Way
City: Vestavia | State: AL | Zip Code: 35242-2211
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 ▼: 1100.00
Date of Receipt: 08 / 01 / 2017
Transaction ID : 20170814155826-32
Amount of Each Receipt this Period: 16.67
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bundy, Lisa, M, ,
Mailing Address: 4250 Marden Way
City: Vestavia | State: AL | Zip Code: 35242-2211
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 ▼: 1100.00
Date of Receipt: 08 / 15 / 2017
Transaction ID : 4378AE9B114E2C39EC8B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bundy, Lisa, M, ,
Mailing Address: 4250 Marden Way
City: Vestavia | State: AL | Zip Code: 35242-2211
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 ▼: 1100.00
Date of Receipt: 09 / 01 / 2017
Transaction ID : 201709111453-29
Amount of Each Receipt this Period: 16.67
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 133.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bundy, Lisa, M, ,
Mailing Address: 4250 Marden Way
City: Vestavia | State: AL | Zip Code: 35242-2211
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 ▼: 1100.00
Date of Receipt: 09 / 15 / 2017
Transaction ID : 4956BC25476078D033B2
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bundy, Lisa, M, ,
Mailing Address: 4250 Marden Way
City: Vestavia | State: AL | Zip Code: 35242-2211
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 ▼: 1100.00
Date of Receipt: 10 / 01 / 2017
Transaction ID : 2017101523203-38
Amount of Each Receipt this Period: 16.67
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bundy, Lisa, M, ,
Mailing Address: 4250 Marden Way
City: Vestavia | State: AL | Zip Code: 35242-2211
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 ▼: 1100.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 201711121454-35
Amount of Each Receipt this Period: 16.67
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 133.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bundy, Lisa, M, ,

Mailing Address 4250 Marden Way

City: Vestavia | State: AL | Zip Code: 35242-2211

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 ▼ 1100.00

Date of Receipt: 12 / 01 / 2017

Transaction ID : 2017121020205-36

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burk, Thomas, C, ,

Mailing Address 106 Jennison Pl

City: Bay City | State: MI | Zip Code: 48708-5694

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 ▼ 400.00

Date of Receipt: 08 / 10 / 2017

Transaction ID : 2017081892820-15

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burke, Christopher, D, ,

Mailing Address 2365 Country Dr

City: Gilroy | State: CA | Zip Code: 95020-7907

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 07 / 01 / 2017

Transaction ID : 20170721162819-147

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 416.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burke, Christopher, D, ,

Mailing Address 2365 Country Dr

City: Gilroy | State: CA | Zip Code: 95020-7907

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-228

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burke, Kate, , ,

Mailing Address 14 Birchwood Dr

City: Southborough | State: MA | Zip Code: 01772-1646

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Orion Emergency Services, Inc.
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-13

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City: North Potomac | State: MD | Zip Code: 20878-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-56

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1173.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City: North Potomac | State: MD | Zip Code: 20878-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-24

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City: North Potomac | State: MD | Zip Code: 20878-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-23

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City: North Potomac | State: MD | Zip Code: 20878-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-61

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City: North Potomac | State: MD | Zip Code: 20878-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-130

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buzy, Joel, E, ,

Mailing Address 10409 Snapdragon Pl

City: North Potomac | State: MD | Zip Code: 20878-4324

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-71

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Callaghan, James, William, ,

Mailing Address 216 Rosa Ave

City: Metairie | State: LA | Zip Code: 70005-3416

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 ▼ 400.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 420D4D4257B145FDB921

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Callahan, Robert, J, , II

Mailing Address 2987 Friendly St

City: Eugene | State: OR | Zip Code: 97405-2392

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 ▼ 400.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 201711121454-39

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campana, Christina, , ,

Mailing Address 4960 Shady Brooke Run

City: Medina | State: OH | Zip Code: 44256-8279

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): General Emergency Medical Specialists,
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 10 / 04 / 2017
Transaction ID : E508F355-5E43-4799-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: 07 / 13 / 2017
Transaction ID : 2017072117584-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-3

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-15

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-16

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-3

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-33

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Gregory, J, ,

Mailing Address 129 Loch Pointe Dr

City: Cary | State: NC | Zip Code: 27518-8418

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-104

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Caron, Jesse, , ,

Mailing Address 2000 Temple Dr

City: Winter Park | State: FL | Zip Code: 32789-1667

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 08 / 27 / 2017

Transaction ID : C08F28A4-9BC1-4654-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carr, Timothy, John, ,

Mailing Address 4304 Gray Heron Dr

City: North Myrtle Beach | State: SC | Zip Code: 29582-9524

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Lenoi
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017100314203-6

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carstens, Steve, , ,

Mailing Address 209 Valley View Dr

City: Exeter | State: CA | Zip Code: 93221-9796

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 ▼ 240.51

Date of Receipt: 12 / 18 / 2017

Transaction ID : 2018010418353-145

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1473.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Casey, John, , ,
Mailing Address: 5156 Baker Ridge Dr
City: Columbus | State: OH | Zip Code: 43228-1794
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-57
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Casey, John, , ,
Mailing Address: 5156 Baker Ridge Dr
City: Columbus | State: OH | Zip Code: 43228-1794
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-25
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Casey, John, , ,
Mailing Address: 5156 Baker Ridge Dr
City: Columbus | State: OH | Zip Code: 43228-1794
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-24
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Casey, John, , ,

Mailing Address 5156 Baker Ridge Dr

City: Columbus | State: OH | Zip Code: 43228-1794

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-62

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Casey, John, , ,

Mailing Address 5156 Baker Ridge Dr

City: Columbus | State: OH | Zip Code: 43228-1794

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-131

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Casey, John, , ,

Mailing Address 5156 Baker Ridge Dr

City: Columbus | State: OH | Zip Code: 43228-1794

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-72

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Celeste, Jordan, GR, ,
Mailing Address: 368 Vitoria Ave
City: Winter Park | State: FL | Zip Code: 32789-5065
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 425.78
Date of Receipt: M M 07 / D D 04 / Y Y Y Y 2017
Transaction ID : 48D4BBB8624A9604EAD8
Amount of Each Receipt this Period: 30.41
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Celeste, Jordan, GR, ,
Mailing Address: 368 Vitoria Ave
City: Winter Park | State: FL | Zip Code: 32789-5065
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 425.78
Date of Receipt: M M 08 / D D 04 / Y Y Y Y 2017
Transaction ID : 4C84B340DC403460CEF1
Amount of Each Receipt this Period: 30.41
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Celeste, Jordan, GR, ,
Mailing Address: 368 Vitoria Ave
City: Winter Park | State: FL | Zip Code: 32789-5065
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 425.78
Date of Receipt: M M 09 / D D 04 / Y Y Y Y 2017
Transaction ID : 4AAAAD06BA4366280451
Amount of Each Receipt this Period: 30.41
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 91.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Celeste, Jordan, GR, ,
Mailing Address: 368 Vitoria Ave
City: Winter Park | State: FL | Zip Code: 32789-5065
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 425.78
Date of Receipt: M M 10 / D D 04 / Y Y Y Y 2017
Transaction ID : 42CC974525B3F0AFC2D2
Amount of Each Receipt this Period: 30.41
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Celeste, Jordan, GR, ,
Mailing Address: 368 Vitoria Ave
City: Winter Park | State: FL | Zip Code: 32789-5065
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 425.78
Date of Receipt: M M 11 / D D 04 / Y Y Y Y 2017
Transaction ID : 44DF95E35457EA215FCC
Amount of Each Receipt this Period: 30.41
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Celeste, Jordan, GR, ,
Mailing Address: 368 Vitoria Ave
City: Winter Park | State: FL | Zip Code: 32789-5065
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 425.78
Date of Receipt: M M 12 / D D 04 / Y Y Y Y 2017
Transaction ID : 4BCB8801E6A053257D7E
Amount of Each Receipt this Period: 30.41
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 91.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cesar, Marcel, A, ,

Mailing Address PO Box 180253

City: Delafield | State: WI | Zip Code: 53018-0253

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Specialists SC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 05 / 2017

Transaction ID : 201709111453-242

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cetta, Michael, , ,

Mailing Address 16 Piney Glen Ct

City: Potomac | State: MD | Zip Code: 20854-1411

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 08 / 03 / 2017

Transaction ID : 20170814155826-231

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chakel, Sara, S, ,

Mailing Address 34160 Navin Ave

City: Livonia | State: MI | Zip Code: 48152-1260

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 ▼ 600.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 4B11A1013AE0F9AEC6BB

Amount of Each Receipt this Period: 150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chakel, Sara, S, ,

Mailing Address 34160 Navin Ave

City: Livonia | State: MI | Zip Code: 48152-1260

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 ▼ 600.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 4351A5838A35A1D7569F

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chan, Shu, Boung, ,

Mailing Address 1050 W North Shore Ave
Apt 1

City: Chicago | State: IL | Zip Code: 60626-4633

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 ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-698

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chiang, Joseph, , ,

Mailing Address 6017 Laurelspur Loop

City: San Ramon | State: CA | Zip Code: 94582-5068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-44

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chiang, Joseph, , ,

Mailing Address 6017 Laurelspur Loop

City: San Ramon | State: CA | Zip Code: 94582-5068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-237

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chiu, Elaine, Jannine, ,

Mailing Address 1818 Blake St

City: Berkeley | State: CA | Zip Code: 94703-1904

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-238

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cho, Leslie, D, ,

Mailing Address PO Box 245

City: Kahului | State: HI | Zip Code: 96733-6745

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-40

Amount of Each Receipt this Period: 16.67

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 163.29

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cho, Leslie, D, ,

Mailing Address PO Box 245

City: Kahului | State: HI | Zip Code: 96733-6745

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-36

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cho, Leslie, D, ,

Mailing Address PO Box 245

City: Kahului | State: HI | Zip Code: 96733-6745

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-53

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cho, Leslie, D, ,

Mailing Address PO Box 245

City: Kahului | State: HI | Zip Code: 96733-6745

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-47

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cho, Leslie, D, ,

Mailing Address PO Box 245

City: Kahului | State: HI | Zip Code: 96733-6745

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-45

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cho, Leslie, D, ,

Mailing Address PO Box 245

City: Kahului | State: HI | Zip Code: 96733-6745

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-618

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chu, Lawrence, , ,

Mailing Address 5623 168th Pl SE

City: Bellevue | State: WA | Zip Code: 98006-5593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-19

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1289.98

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chukwuanu, Kene, A, ,
Mailing Address: 1991 Meadow Trails Dr
City: Florissant | State: MO | Zip Code: 63031-1064
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 ▼: 272.46
Date of Receipt: 10 / 23 / 2017
Transaction ID : 40CD9A10D72CBC70455E
Amount of Each Receipt this Period: 30.41
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chukwuanu, Kene, A, ,
Mailing Address: 1991 Meadow Trails Dr
City: Florissant | State: MO | Zip Code: 63031-1064
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 ▼: 272.46
Date of Receipt: 11 / 23 / 2017
Transaction ID : 49E0A8D66CD71C331656
Amount of Each Receipt this Period: 30.41
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Chukwuanu, Kene, A, ,
Mailing Address: 1991 Meadow Trails Dr
City: Florissant | State: MO | Zip Code: 63031-1064
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 ▼: 272.46
Date of Receipt: 12 / 23 / 2017
Transaction ID : 4D4A904243EA80FCD472
Amount of Each Receipt this Period: 30.41
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 91.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cicin, Jerfi, David, ,

Mailing Address 104 Corsica Ln

City: Cary | State: NC | Zip Code: 27511-6476

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-17

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cicin, Jerfi, David, ,

Mailing Address 104 Corsica Ln

City: Cary | State: NC | Zip Code: 27511-6476

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-4

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cicin, Jerfi, David, ,

Mailing Address 104 Corsica Ln

City: Cary | State: NC | Zip Code: 27511-6476

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-34

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Cicin, Jerfi, David, ,
Mailing Address: 104 Corsica Ln
City: Cary | State: NC | Zip Code: 27511-6476
FEC 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 ▼: 300.00
Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-105
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Cirillo, L Anthony, , ,
Mailing Address: 91 Woodridge Dr
City: Saunderstown | State: RI | Zip Code: 02874-1943
FEC 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 ▼: 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-58
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Cirillo, L Anthony, , ,
Mailing Address: 91 Woodridge Dr
City: Saunderstown | State: RI | Zip Code: 02874-1943
FEC 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 ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-26
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cirillo, L Anthony, , ,

Mailing Address 91 Woodridge Dr

City: Saunderstown | State: RI | Zip Code: 02874-1943

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-25

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cirillo, L Anthony, , ,

Mailing Address 91 Woodridge Dr

City: Saunderstown | State: RI | Zip Code: 02874-1943

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-63

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cirillo, L Anthony, , ,

Mailing Address 91 Woodridge Dr

City: Saunderstown | State: RI | Zip Code: 02874-1943

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-132

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cirillo, L Anthony, , ,

Mailing Address 91 Woodridge Dr

City: Saunderstown | State: RI | Zip Code: 02874-1943

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-80

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clem, Kathleen, J, ,

Mailing Address 169 Vista Oak Dr

City: Longwood | State: FL | Zip Code: 32779-3012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 462588F0A2242604421B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clem, Kathleen, J, ,

Mailing Address 169 Vista Oak Dr

City: Longwood | State: FL | Zip Code: 32779-3012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 454E9087BFFA8861201D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clem, Kathleen, J, ,

Mailing Address 169 Vista Oak Dr

City: Longwood | State: FL | Zip Code: 32779-3012

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 401DA6C9B87B759C90A8

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clements, R, Carter, ,

Mailing Address 5558 Taft Ave

City: Oakland | State: CA | Zip Code: 94618-1519

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oakcare Medical Group, Inc.
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 48C5A7D8F6AF36B13995

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Clements, R, Carter, ,

Mailing Address 5558 Taft Ave

City: Oakland | State: CA | Zip Code: 94618-1519

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Oakcare Medical Group, Inc.
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4597A657391D0B6DA0A3

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Clements, R, Carter, ,
Mailing Address: 5558 Taft Ave
City: Oakland | State: CA | Zip Code: 94618-1519
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Oakcare Medical Group, Inc.
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 10 / 28 / 2017
Transaction ID : 4AF9A18B174A5C772316
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Clements, R, Carter, ,
Mailing Address: 5558 Taft Ave
City: Oakland | State: CA | Zip Code: 94618-1519
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Oakcare Medical Group, Inc.
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 425280391EAED701F5EE
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Clements, R, Carter, ,
Mailing Address: 5558 Taft Ave
City: Oakland | State: CA | Zip Code: 94618-1519
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Oakcare Medical Group, Inc.
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: 12 / 28 / 2017
Transaction ID : 458189883EB2080A1331
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cloonan, Clifford, C, ,

Mailing Address 83 Ashton St

City: Carlisle | State: PA | Zip Code: 17015-9137

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Alexander Spring Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 12 / D D 27 / Y Y Y Y 2017

Transaction ID : 201801041953-2

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coburn, John, Dirk, ,

Mailing Address 2114 Pollock Ct

City: Davis | State: CA | Zip Code: 95618-7620

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 ▼ 415.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-155

Amount of Each Receipt this Period: 12.50

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coburn, John, Dirk, ,

Mailing Address 2114 Pollock Ct

City: Davis | State: CA | Zip Code: 95618-7620

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 ▼ 415.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4B7893BFA8E2FDD875E9

Amount of Each Receipt this Period: 91.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 303.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coburn, John, Dirk, ,

Mailing Address 2114 Pollock Ct

City: Davis | State: CA | Zip Code: 95618-7620

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 ▼ 415.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-59

Amount of Each Receipt this Period: 12.50

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coburn, John, Dirk, ,

Mailing Address 2114 Pollock Ct

City: Davis | State: CA | Zip Code: 95618-7620

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 ▼ 415.00

Date of Receipt: M M 10 / D D 22 / Y Y Y Y 2017

Transaction ID : 4441BA6FFF8EA2384167

Amount of Each Receipt this Period: 91.25

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coleman, Thomas, H, ,

Mailing Address 740 Creekside Dr

City: Mount Pleasant | State: SC | Zip Code: 29464-3604

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 ▼ 250.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 1A82DD93544BA416114

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 303.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Colfer, Orion, J, ,
Mailing Address: 2523 Hanover Ave
City: Richmond | State: VA | Zip Code: 23220-4003
FEC 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 ▼: 800.00
Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017
Transaction ID : 2017072117584-59
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Colfer, Orion, J, ,
Mailing Address: 2523 Hanover Ave
City: Richmond | State: VA | Zip Code: 23220-4003
FEC 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 ▼: 800.00
Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017
Transaction ID : 2017090512207-27
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Colfer, Orion, J, ,
Mailing Address: 2523 Hanover Ave
City: Richmond | State: VA | Zip Code: 23220-4003
FEC 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 ▼: 800.00
Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017
Transaction ID : 2017092616204-26
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colfer, Orion, J, ,

Mailing Address 2523 Hanover Ave

City: Richmond | State: VA | Zip Code: 23220-4003

FEC 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 ▼ 800.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-65

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colfer, Orion, J, ,

Mailing Address 2523 Hanover Ave

City: Richmond | State: VA | Zip Code: 23220-4003

FEC 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 ▼ 800.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-134

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colfer, Orion, J, ,

Mailing Address 2523 Hanover Ave

City: Richmond | State: VA | Zip Code: 23220-4003

FEC 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 ▼ 800.00

Date of Receipt: M M 12 / D D 05 / Y Y Y Y 2017

Transaction ID : 2017121020205-235

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Colfer, Orion, J, ,

Mailing Address 2523 Hanover Ave

City: Richmond | State: VA | Zip Code: 23220-4003

FEC 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 ▼ 800.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-87

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Conley, Amy, Ruben, ,

Mailing Address 6419 Renwick Cir

City: Tampa | State: FL | Zip Code: 33647-1173

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 10 / 19 / 2017
Transaction ID : 5A9BA7D3-7A72-4009-

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Conry, Shauna, , ,

Mailing Address 6085 Camino Mar Bella
Apt 105

City: San Diego | State: CA | Zip Code: 92130-6568

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-247

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 723.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cook, Jeffrey, J, ,

Mailing Address 2520 Umbria Ct

City: Apex | State: NC | Zip Code: 27502-9618

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-18

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cook, Jeffrey, J, ,

Mailing Address 2520 Umbria Ct

City: Apex | State: NC | Zip Code: 27502-9618

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cook, Jeffrey, J, ,

Mailing Address 2520 Umbria Ct

City: Apex | State: NC | Zip Code: 27502-9618

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-35

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cook, Jeffrey, J, ,

Mailing Address 2520 Umbria Ct

City: Apex | State: NC | Zip Code: 27502-9618

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-106

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Justin, D, ,

Mailing Address 7762 Westwind Ln

City: Montgomery | State: OH | Zip Code: 45242-5008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-60

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Justin, D, ,

Mailing Address 7762 Westwind Ln

City: Montgomery | State: OH | Zip Code: 45242-5008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-28

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Justin, D, ,

Mailing Address 7762 Westwind Ln

City: Montgomery | State: OH | Zip Code: 45242-5008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-27

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Justin, D, ,

Mailing Address 7762 Westwind Ln

City: Montgomery | State: OH | Zip Code: 45242-5008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-66

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Justin, D, ,

Mailing Address 7762 Westwind Ln

City: Montgomery | State: OH | Zip Code: 45242-5008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-135

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Coomes, Justin, D, ,

Mailing Address 7762 Westwind Ln

City: Montgomery | State: OH | Zip Code: 45242-5008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-75

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cooney, Robert, Raymond, ,

Mailing Address 56 Overlook Dr

City: Danville | State: PA | Zip Code: 17821-9616

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 ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 427BAF9C33B74C17F7DD

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cooney, Robert, Raymond, ,

Mailing Address 56 Overlook Dr

City: Danville | State: PA | Zip Code: 17821-9616

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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 477AA66904FCD28D8F65

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cooney, Robert, Raymond, ,

Mailing Address 56 Overlook Dr

City: Danville | State: PA | Zip Code: 17821-9616

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 ▼ 600.00

Date of Receipt: 12 / 28 / 2017

Transaction ID : 4F188CFF534E0AABDB34

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbit, Christopher, , ,

Mailing Address 1125 Pinefield Dr

City: Charleston | State: SC | Zip Code: 29492-7619

FEC 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 ▼ 1200.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-61

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbit, Christopher, , ,

Mailing Address 1125 Pinefield Dr

City: Charleston | State: SC | Zip Code: 29492-7619

FEC 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 ▼ 1200.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-29

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbit, Christopher, , ,

Mailing Address 1125 Pinefield Dr

City: Charleston | State: SC | Zip Code: 29492-7619

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-28

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbit, Christopher, , ,

Mailing Address 1125 Pinefield Dr

City: Charleston | State: SC | Zip Code: 29492-7619

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-67

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbit, Christopher, , ,

Mailing Address 1125 Pinefield Dr

City: Charleston | State: SC | Zip Code: 29492-7619

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-136

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Corbit, Christopher, , ,

Mailing Address 1125 Pinefield Dr

City: Charleston | State: SC | Zip Code: 29492-7619

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-46

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cossey, Kori, , ,

Mailing Address 20330 242nd Ave NE

City: Woodinville | State: WA | Zip Code: 98077-6702

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-18

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Crane, Daniel, Keith, , Jr

Mailing Address 76 Landing Way

City: Hattiesburg | State: MS | Zip Code: 39402-7959

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017072117584-119

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Croft, Howard, Jeffery, ,

Mailing Address 10712 N Beechwood Dr

City: Mequon | State: WI | Zip Code: 53092-5979

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Infinity Healthcare Incorporated
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4778ABCE3CBDACAAF0B

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Croft, Howard, Jeffery, ,

Mailing Address 10712 N Beechwood Dr

City: Mequon | State: WI | Zip Code: 53092-5979

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Infinity Healthcare Incorporated
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 4EBC8977D086C5659BFD

Amount of Each Receipt this Period: 150.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-33

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 325.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-122

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017090619207-1

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-1

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-1

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-1

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-1

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-1

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-27

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-39

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-1

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cuniowski, Peter, A, ,

Mailing Address 30 Sweetheart Mountain Rd

City: Collinsville | State: CT | Zip Code: 06019-3425

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-129

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curtis, Charles, W, , Jr

Mailing Address 612 Hidden Pond Ln

City: Severna Park | State: MD | Zip Code: 21146-2610

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Agnes Healthcare, Inc

Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-748

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 123.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cushman, Jeremy, T, ,

Mailing Address 6 Morgan Chase

City: Honeoye Falls | State: NY | Zip Code: 14472-9123

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 ▼ 500.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : E5BE4550-AECB-405C-

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cusick, James, Michael, ,

Mailing Address 1077 Race St
Apt 702

City: Denver | State: CO | Zip Code: 80206-2832

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 ▼ 1875.06

Date of Receipt: M M 07 / D D 25 / Y Y Y Y 2017

Transaction ID : 460B861E4637F5768323

Amount of Each Receipt this Period: 208.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cusick, James, Michael, ,

Mailing Address 1077 Race St
Apt 702

City: Denver | State: CO | Zip Code: 80206-2832

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 ▼ 1875.06

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : 4719AC535EAA05352AF1

Amount of Each Receipt this Period: 208.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 916.68

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cusick, James, Michael, ,

Mailing Address 1077 Race St
Apt 702

City: Denver | State: CO | Zip Code: 80206-2832

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 ▼ 1875.06

Date of Receipt: 09 / 25 / 2017
Transaction ID : 452492A903C60D1971C3

Amount of Each Receipt this Period: 208.34

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Das, Shamie, , ,

Mailing Address 104 Glenlake Commons Dr

City: Decatur | State: GA | Zip Code: 30030-1583

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory Healthcare Johns Creek
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 304.10

Date of Receipt: 09 / 13 / 2017
Transaction ID : 4E138F28E4DF8B67C6BC

Amount of Each Receipt this Period: 30.41

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Das, Shamie, , ,

Mailing Address 104 Glenlake Commons Dr

City: Decatur | State: GA | Zip Code: 30030-1583

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory Healthcare Johns Creek
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 304.10

Date of Receipt: 10 / 13 / 2017
Transaction ID : 4A4DB56A533B3B5F8563

Amount of Each Receipt this Period: 30.41

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 269.16

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Das, Shamie, , ,

Mailing Address 104 Glenlake Commons Dr

City: Decatur | State: GA | Zip Code: 30030-1583

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory Healthcare Johns Creek
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 304.10

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2017

Transaction ID : 477FB8AE01B22BB15A6C

Amount of Each Receipt this Period: 30.41

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Das, Shamie, , ,

Mailing Address 104 Glenlake Commons Dr

City: Decatur | State: GA | Zip Code: 30030-1583

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emory Healthcare Johns Creek
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 304.10

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 4608BFEA8F82DFED9A7E

Amount of Each Receipt this Period: 30.41

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawkins, Rogelio, , ,

Mailing Address 87 Banks St

City: San Francisco | State: CA | Zip Code: 94110-5668

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-263

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 134.13

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawson, Brian, C, ,

Mailing Address 359 Augusta Dr

City: Abingdon | State: VA | Zip Code: 24211-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnston Memorial Hospital, Inc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 26 / Y Y Y Y 2017

Transaction ID : 4EF89F5FB0E84DCB2668

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawson, Brian, C, ,

Mailing Address 359 Augusta Dr

City: Abingdon | State: VA | Zip Code: 24211-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnston Memorial Hospital, Inc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 26 / Y Y Y Y 2017

Transaction ID : 446AA28D8834C37F45E7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawson, Brian, C, ,

Mailing Address 359 Augusta Dr

City: Abingdon | State: VA | Zip Code: 24211-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnston Memorial Hospital, Inc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 26 / Y Y Y Y 2017

Transaction ID : 466C9C21AE90270FA234

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawson, Brian, C, ,

Mailing Address 359 Augusta Dr

City: Abingdon | State: VA | Zip Code: 24211-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnston Memorial Hospital, Inc

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2017

Transaction ID : 49A58812C6BAECDC0F93

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawson, Brian, C, ,

Mailing Address 359 Augusta Dr

City: Abingdon | State: VA | Zip Code: 24211-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnston Memorial Hospital, Inc

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 26 / Y Y Y Y 2017

Transaction ID : 478E81A76D1624B5ADE5

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dawson, Brian, C, ,

Mailing Address 359 Augusta Dr

City: Abingdon | State: VA | Zip Code: 24211-3805

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Johnston Memorial Hospital, Inc

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 26 / Y Y Y Y 2017

Transaction ID : 4027B220625FD144EEE5

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-163

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 07 / D D 07 / Y Y Y Y 2017

Transaction ID : 42BFBB0E16378D51DBF7

Amount of Each Receipt this Period: 208.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 08 / D D 07 / Y Y Y Y 2017

Transaction ID : 40EF926A514CB9C304C2

Amount of Each Receipt this Period: 208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 441.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2017

Transaction ID : 4AAA9FEDFA223343FF13

Amount of Each Receipt this Period: 208.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-74

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2017

Transaction ID : 4B0B9C3C7D00F0A6DEC2

Amount of Each Receipt this Period: 208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 441.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2017

Transaction ID : 436C86F09231B07DFB42

Amount of Each Receipt this Period: 208.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
de Moor, Carrie, , ,

Mailing Address 4701 Paxton Ln

City: Frisco | State: TX | Zip Code: 75034-2209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2183.30

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 4E4D85FD85EC4D242B43

Amount of Each Receipt this Period: 208.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, John, G, ,

Mailing Address 112 W 8th St

City: Boston | State: MA | Zip Code: 02127-2536

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Emergency Medical Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 5154F97A-8B30-4E7A-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 781.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, Sydney, E, ,

Mailing Address 114 E Church St

City: Frederick | State: MD | Zip Code: 21701-5404

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-62

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, Sydney, E, ,

Mailing Address 114 E Church St

City: Frederick | State: MD | Zip Code: 21701-5404

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-30

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, Sydney, E, ,

Mailing Address 114 E Church St

City: Frederick | State: MD | Zip Code: 21701-5404

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-29

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, Sydney, E, ,

Mailing Address 114 E Church St

City: Frederick | State: MD | Zip Code: 21701-5404

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-68

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, Sydney, E, ,

Mailing Address 114 E Church St

City: Frederick | State: MD | Zip Code: 21701-5404

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-137

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeAngelis, Sydney, E, ,

Mailing Address 114 E Church St

City: Frederick | State: MD | Zip Code: 21701-5404

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-97

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeHorn, Stephen, J, ,

Mailing Address 3910 Foxglove Dr NE

City: Grand Rapids | State: MI | Zip Code: 49525-9527

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 ▼ 300.00

Date of Receipt: 09 / 05 / 2017
Transaction ID : 201709111453-240

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeMartino, Wendy, , ,

Mailing Address 19 Little Pine Ln

City: Exeter | State: NH | Zip Code: 03833-3109

FEC 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 ▼ 1145.40

Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-63

Amount of Each Receipt this Period: 95.45

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeMartino, Wendy, , ,

Mailing Address 19 Little Pine Ln

City: Exeter | State: NH | Zip Code: 03833-3109

FEC 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 ▼ 1145.40

Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-31

Amount of Each Receipt this Period: 95.45

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 390.90

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeMartino, Wendy, , ,

Mailing Address 19 Little Pine Ln

City: Exeter | State: NH | Zip Code: 03833-3109

FEC 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 ▼ 1145.40

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-30

Amount of Each Receipt this Period: 95.45

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeMartino, Wendy, , ,

Mailing Address 19 Little Pine Ln

City: Exeter | State: NH | Zip Code: 03833-3109

FEC 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 ▼ 1145.40

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-69

Amount of Each Receipt this Period: 95.45

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeMartino, Wendy, , ,

Mailing Address 19 Little Pine Ln

City: Exeter | State: NH | Zip Code: 03833-3109

FEC 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 ▼ 1145.40

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-138

Amount of Each Receipt this Period: 95.45

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 286.35

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeMartino, Wendy, , ,

Mailing Address 19 Little Pine Ln

City: Exeter | State: NH | Zip Code: 03833-3109

FEC 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 ▼ 1145.40

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-101

Amount of Each Receipt this Period: 95.45

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Denmark, T, Kent, ,

Mailing Address 13122 S Yorktown Ave

City: Bixby | State: OK | Zip Code: 74008-7665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 4206B6F18D3C682FDEEA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Denmark, T, Kent, ,

Mailing Address 13122 S Yorktown Ave

City: Bixby | State: OK | Zip Code: 74008-7665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 21 / Y Y Y Y 2017

Transaction ID : 49C89916175A75511638

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 295.45

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Denmark, T, Kent, ,
Mailing Address: 13122 S Yorktown Ave
City: Bixby | State: OK | Zip Code: 74008-7665
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 4A97831FC44FA722DDC9
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Denmark, T, Kent, ,
Mailing Address: 13122 S Yorktown Ave
City: Bixby | State: OK | Zip Code: 74008-7665
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 10 / 21 / 2017
Transaction ID : 4DF7B3F87E83460C8542
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Denmark, T, Kent, ,
Mailing Address: 13122 S Yorktown Ave
City: Bixby | State: OK | Zip Code: 74008-7665
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 11 / 21 / 2017
Transaction ID : 434C8BDD62A339C9D091
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Denmark, T, Kent, ,

Mailing Address 13122 S Yorktown Ave

City: Bixby | State: OK | Zip Code: 74008-7665

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Loma Linda Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 4F7CA4D01D0731E0E999

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dennis, Fred, , ,

Mailing Address 22287 Mulholland Hwy # 187

City: Calabasas | State: CA | Zip Code: 91302-5157

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 ▼ 365.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 418A98698774685F81E1

Amount of Each Receipt this Period: 91.25

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dennis, Fred, , ,

Mailing Address 22287 Mulholland Hwy # 187

City: Calabasas | State: CA | Zip Code: 91302-5157

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 ▼ 365.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 4F409FC38DF2B8556025

Amount of Each Receipt this Period: 91.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 282.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deutsch, Leisa, Rossello, ,
Mailing Address: 5710 Red Cedar St
City: Pensacola | State: FL | Zip Code: 32507-8313
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 ▼: 1300.00
Date of Receipt: 07 / 15 / 2017
Transaction ID : 463FBC30A8FEC6185110
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deutsch, Leisa, Rossello, ,
Mailing Address: 5710 Red Cedar St
City: Pensacola | State: FL | Zip Code: 32507-8313
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 ▼: 1300.00
Date of Receipt: 09 / 28 / 2017
Transaction ID : 43E6AECB9B0DFFB4C00E
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deutsch, Leisa, Rossello, ,
Mailing Address: 5710 Red Cedar St
City: Pensacola | State: FL | Zip Code: 32507-8313
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 ▼: 1300.00
Date of Receipt: 10 / 28 / 2017
Transaction ID : 46DEA09BAD5B30A53F5B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deutsch, Leisa, Rossello, ,

Mailing Address 5710 Red Cedar St

City: Pensacola | State: FL | Zip Code: 32507-8313

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 ▼ 1300.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 483F800823DA3598904F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Deutsch, Leisa, Rossello, ,

Mailing Address 5710 Red Cedar St

City: Pensacola | State: FL | Zip Code: 32507-8313

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 ▼ 1300.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4DCBA36FF9ADA6C56068

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeVos, Elizabeth, L, ,

Mailing Address 46 Franklin Ave

City: Ponte Vedra | State: FL | Zip Code: 32082-2802

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Florida Jacksonville

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-25

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dhaliwal, Jasmeet, Singh, ,

Mailing Address 1433 N Williams St
Apt 907

City: Denver | State: CO | Zip Code: 80218-2543

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Colorado Anschutz Depart
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: M M 10 / D D 02 / Y Y Y Y 2017

Transaction ID : A8F9F68C-46D5-4ED5-

Amount of Each Receipt this Period: 120.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dietz, Jeffrey, W, ,

Mailing Address 200 Caribe Isle

City: Novato | State: CA | Zip Code: 94949-5319

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-270

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dima, Jennifer, A, ,

Mailing Address 70 Lamberts Ln

City: Staten Island | State: NY | Zip Code: 10314-7209

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 ▼ 400.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 2017121020205-244

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 393.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: 07 / 13 / 2017

Transaction ID : 2017072117584-34

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-123

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: 08 / 17 / 2017

Transaction ID : 2017090619207-2

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-2

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-2

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-2

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-2

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-2

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-28

Amount of Each Receipt this Period: 25.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-40

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-2

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dinwoodie, Robert, G, ,

Mailing Address 219 Hoxsie Ave

City: Charlestown | State: RI | Zip Code: 02813-1623

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-130

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doetsch, Paul, , ,

Mailing Address 34912 SE Fall City Snoqualmie Rd

City: Fall City | State: WA | Zip Code: 98024-8503

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-24

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donahue, Brian, B, ,

Mailing Address 1877 Fenton Ln

City: Park Ridge | State: IL | Zip Code: 60068-1501

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 ▼ 240.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-704

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: 07 / 13 / 2017
Transaction ID : 2017072117584-35

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 398.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-124

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017090619207-3

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-3

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Donald, Orland, Edwin, ,
Mailing Address: 32 Quail Run Rd
City: Storrs Manfld | State: CT | Zip Code: 06268-2768
FEC 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 ▼ 600.00
Date of Receipt: 09 / 12 / 2017
Transaction ID : 2017091913204-3
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Donald, Orland, Edwin, ,
Mailing Address: 32 Quail Run Rd
City: Storrs Manfld | State: CT | Zip Code: 06268-2768
FEC 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 ▼ 600.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-3
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Donald, Orland, Edwin, ,
Mailing Address: 32 Quail Run Rd
City: Storrs Manfld | State: CT | Zip Code: 06268-2768
FEC 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 ▼ 600.00
Date of Receipt: 10 / 12 / 2017
Transaction ID : 2017102216508-3
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-3

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-29

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-41

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-3

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donald, Orland, Edwin, ,

Mailing Address 32 Quail Run Rd

City: Storrs Manfld | State: CT | Zip Code: 06268-2768

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-131

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doty, Christopher, I, ,

Mailing Address 1200 Birmingham Ln

City: Lexington | State: KY | Zip Code: 40513-1735

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): SUNY Brooklyn Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2017

Transaction ID : 41D48BF494D4D78C6FC6

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doty, Christopher, I, ,

Mailing Address 1200 Birmingham Ln

City: Lexington | State: KY | Zip Code: 40513-1735

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): SUNY Brooklyn Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 03 / Y Y Y Y 2017

Transaction ID : 47DEAC2E0881314EC494

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Doumit, Aziz, , ,

Mailing Address 4006 Highway D

City: Defiance | State: MO | Zip Code: 63341-1726

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 ▼ 400.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 201801041953-55

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dowden, Ryan, M, ,

Mailing Address 2080 Silver Maple Trl

City: North Liberty | State: IA | Zip Code: 52317-4765

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): East Central Iowa Acute Care
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 49848896FF7B5FE34BDD

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dowden, Ryan, M, ,

Mailing Address 2080 Silver Maple Trl

City: North Liberty | State: IA | Zip Code: 52317-4765

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): East Central Iowa Acute Care
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 4C4EAC3CF1AB2ECC4222

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Drenten, Carrieann, E, ,

Mailing Address 1511 26th St

City: Sacramento | State: CA | Zip Code: 95816-6304

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 505.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-277

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dubin, Reva, , ,

Mailing Address 547 Park Rd

City: Mays Landing | State: NJ | Zip Code: 08330-1917

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 ▼ 275.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 2017081892820-21

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 573.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dubow, David, Alan, ,
Mailing Address: 2609 Crofton Springs Dr
City: Raleigh | State: NC | Zip Code: 27615-4059
FEC 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 ▼ 600.00
Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017
Transaction ID : 2017072117584-11
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dubow, David, Alan, ,
Mailing Address: 2609 Crofton Springs Dr
City: Raleigh | State: NC | Zip Code: 27615-4059
FEC 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 ▼ 600.00
Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017
Transaction ID : 20170815102322-6
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dubow, David, Alan, ,
Mailing Address: 2609 Crofton Springs Dr
City: Raleigh | State: NC | Zip Code: 27615-4059
FEC 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 ▼ 600.00
Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017
Transaction ID : 2017091913204-18
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dubow, David, Alan, ,

Mailing Address 2609 Crofton Springs Dr

City: Raleigh | State: NC | Zip Code: 27615-4059

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-19

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dubow, David, Alan, ,

Mailing Address 2609 Crofton Springs Dr

City: Raleigh | State: NC | Zip Code: 27615-4059

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-6

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dubow, David, Alan, ,

Mailing Address 2609 Crofton Springs Dr

City: Raleigh | State: NC | Zip Code: 27615-4059

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-36

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dubow, David, Alan, ,

Mailing Address 2609 Crofton Springs Dr

City: Raleigh | State: NC | Zip Code: 27615-4059

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-107

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-12

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-7

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-19

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-20

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-7

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-37

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duckett, Olly, C, ,

Mailing Address 325 Meeting House Cir

City: Raleigh | State: NC | Zip Code: 27615-3133

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-108

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Duling, Reginald, D, ,

Mailing Address 3112 214th Pl SE

City: Sammamish | State: WA | Zip Code: 98075-9517

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-27

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dyc, Nicholas, , ,

Mailing Address 13821 Fawn Woods Ct

City: Plymouth | State: MI | Zip Code: 48170-5253

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : CBEDDE6FEF82EC949B7

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-36

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-125

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: 08 / 17 / 2017

Transaction ID : 2017090619207-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-30

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-42

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dziedzic, Mark, R, ,

Mailing Address 136 Steele Rd

City: West Hartford | State: CT | Zip Code: 06119-1048

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-132

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eakin, Paul, Jeremy, ,

Mailing Address 1455 Hunakai St
Apt 1

City: Honolulu | State: HI | Zip Code: 96816-5526

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-64

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eakin, Paul, Jeremy, ,

Mailing Address 1455 Hunakai St
Apt 1

City: Honolulu | State: HI | Zip Code: 96816-5526

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-32

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eakin, Paul, Jeremy, ,

Mailing Address 1455 Hunakai St
Apt 1

City: Honolulu | State: HI | Zip Code: 96816-5526

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-31

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eakin, Paul, Jeremy, ,

Mailing Address 1455 Hunakai St
Apt 1

City: Honolulu | State: HI | Zip Code: 96816-5526

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-70

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eakin, Paul, Jeremy, ,

Mailing Address 1455 Hunakai St
Apt 1

City: Honolulu | State: HI | Zip Code: 96816-5526

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-139

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eakin, Paul, Jeremy, ,

Mailing Address 1455 Hunakai St
Apt 1

City: Honolulu | State: HI | Zip Code: 96816-5526

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-88

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Edwards, Irv, E, ,

Mailing Address 111 N Sepulveda Blvd
Ste 210

City: Manhattan Beach | State: CA | Zip Code: 90266-6849

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Chino Emergency Medical Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2017

Transaction ID : 4E24CFFE1907AE39179

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eidenmuller, William, C, ,

Mailing Address 3300 Vancouver Dr

City: Modesto | State: CA | Zip Code: 95355-9755

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-282

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2673.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ellison, Ross, D, ,

Mailing Address 1530 Highland Dr

City: Danville | State: PA | Zip Code: 17821-6455

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 ▼ 600.00

Date of Receipt: M M 10 / D D 30 / Y Y Y Y 2017

Transaction ID : 20BD14A500EAD8F42BF

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
England, Rebecca, Lee, ,

Mailing Address 812 N 42nd St
Apt 301

City: Seattle | State: WA | Zip Code: 98103-7363

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-26

Amount of Each Receipt this Period: 800.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Engler, Renee, , ,

Mailing Address 14632 S Highway 83

City: North Platte | State: NE | Zip Code: 69101-8980

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Platte Nebraska Physician Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-29

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Enguidanos, Enrique, R, ,

Mailing Address 823 NE 102nd St

City: Seattle | State: WA | Zip Code: 98125-7419

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Sound Emergency Medicine
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 763EF582C7622AC0FE1

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Eubanks, Marcus, , ,

Mailing Address 7 Colonial Pl

City: Pittsburgh | State: PA | Zip Code: 15232-1418

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 ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-32

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fagan, Elizabeth, L, ,

Mailing Address 760 Stinson Rd

City: Allen | State: TX | Zip Code: 75002-7312

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 11 / D D 25 / Y Y Y Y 2017

Transaction ID : 2017120310354-27

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fairless, Justin, W, ,

Mailing Address 6917 Da Vinci

City: Colleyville | State: TX | Zip Code: 76034-8261

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2017

Transaction ID : FE907BDAE8AA2D50AF4

Amount of Each Receipt this Period: 1200.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fairless, Justin, W, ,

Mailing Address 6917 Da Vinci

City: Colleyville | State: TX | Zip Code: 76034-8261

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-69

Amount of Each Receipt this Period: 16.67

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fairless, Justin, W, ,

Mailing Address 6917 Da Vinci

City: Colleyville | State: TX | Zip Code: 76034-8261

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2017

Transaction ID : 201801041953-10

Amount of Each Receipt this Period: 16.67

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1233.34

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Falck, Jon, D, ,

Mailing Address 1 Carolyn Ct

City: Owings Mills | State: MD | Zip Code: 21117-1653

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-750

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Falcone, Angelo, L, ,

Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City: Brookeville | State: MD | Zip Code: 20833-1414

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-65

Amount of Each Receipt this Period: 209.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Falcone, Angelo, L, ,

Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City: Brookeville | State: MD | Zip Code: 20833-1414

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-33

Amount of Each Receipt this Period: 209.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 491.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Falcone, Angelo, L, ,
Mailing Address: 2606 Triadelphia Lake Rd
Angelo Falcone, MD
City: Brookeville | State: MD | Zip Code: 20833-1414
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2090.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-32
Amount of Each Receipt this Period: 209.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Falcone, Angelo, L, ,
Mailing Address: 2606 Triadelphia Lake Rd
Angelo Falcone, MD
City: Brookeville | State: MD | Zip Code: 20833-1414
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2090.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-71
Amount of Each Receipt this Period: 209.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Falcone, Angelo, L, ,
Mailing Address: 2606 Triadelphia Lake Rd
Angelo Falcone, MD
City: Brookeville | State: MD | Zip Code: 20833-1414
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 2090.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-140
Amount of Each Receipt this Period: 209.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 627.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Falcone, Angelo, L, ,

Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City: Brookeville | State: MD | Zip Code: 20833-1414

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2090.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-39

Amount of Each Receipt this Period: 209.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Falk, Jay, L, ,

Mailing Address 111 Oakleigh Ln

City: Maitland | State: FL | Zip Code: 32751-5838

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Phys of Central Florida LLP
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : FEE5F7B25E881771E1E

Amount of Each Receipt this Period: 600.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Felegi, William, Basil, ,

Mailing Address 731 Red Lion Way

City: Bridgewater | State: NJ | Zip Code: 08807-1668

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Associates New Jerse
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 4AFDB86DC0D0793F3D00

Amount of Each Receipt this Period: 625.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1434.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Felegi, William, Basil, ,

Mailing Address 731 Red Lion Way

City: Bridgewater | State: NJ | Zip Code: 08807-1668

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Associates New Jerse
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: M M 11 / D D 11 / Y Y Y Y 2017

Transaction ID : 4676BB4FC778B4BE7130

Amount of Each Receipt this Period: 625.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ferrand, David, N, ,

Mailing Address 193 Bryna Ln

City: Carnegie | State: PA | Zip Code: 15106-1473

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-66

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ferrand, David, N, ,

Mailing Address 193 Bryna Ln

City: Carnegie | State: PA | Zip Code: 15106-1473

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-34

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 825.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ferrand, David, N, ,
Mailing Address: 193 Bryna Ln
City: Carnegie | State: PA | Zip Code: 15106-1473
FEC 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 ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-33
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ferrand, David, N, ,
Mailing Address: 193 Bryna Ln
City: Carnegie | State: PA | Zip Code: 15106-1473
FEC 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 ▼: 1200.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-72
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ferrand, David, N, ,
Mailing Address: 193 Bryna Ln
City: Carnegie | State: PA | Zip Code: 15106-1473
FEC 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 ▼: 1200.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-141
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ferrand, David, N, ,

Mailing Address 193 Bryna Ln

City: Carnegie | State: PA | Zip Code: 15106-1473

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-54

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fijewski, Todd, , ,

Mailing Address 2509 Minton Dr

City: Coraopolis | State: PA | Zip Code: 15108-9207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Resource Management Incorpor

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 40B58737A846ED3679F7

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fijewski, Todd, , ,

Mailing Address 2509 Minton Dr

City: Coraopolis | State: PA | Zip Code: 15108-9207

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Resource Management Incorpor

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 468E8A984E19734F2238

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fill, Michael, W, ,

Mailing Address 8924 Autumn Trl

City: Dexter | State: MI | Zip Code: 48130-9817

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 ▼ 750.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 457A9C3AF03466FF5DEC

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fill, Michael, W, ,

Mailing Address 8924 Autumn Trl

City: Dexter | State: MI | Zip Code: 48130-9817

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 ▼ 750.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 482E9B8C5EE89B48AD73

Amount of Each Receipt this Period: 150.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Findeiss, Clifford, , ,

Mailing Address 3643 Churchill Downs Dr

City: Davie | State: FL | Zip Code: 33328-1366

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 ▼ 2700.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-34

Amount of Each Receipt this Period: 2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Finnell, John, T, , II
Mailing Address: 505 S 5th St
City: Zionsville | State: IN | Zip Code: 46077-1745
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Indiana University Health Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 07 / 14 / 2017
Transaction ID : 410B8113B6955D828B86
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Finnell, John, T, , II
Mailing Address: 505 S 5th St
City: Zionsville | State: IN | Zip Code: 46077-1745
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Indiana University Health Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 14 / 2017
Transaction ID : 4AB3BC1A51C9086EB052
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Finnell, John, T, , II
Mailing Address: 505 S 5th St
City: Zionsville | State: IN | Zip Code: 46077-1745
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Indiana University Health Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 14 / 2017
Transaction ID : 477B8B6B6DFB821153B7
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Finnell, John, T, , II
Mailing Address: 505 S 5th St
City: Zionsville | State: IN | Zip Code: 46077-1745
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Indiana University Health Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017
Transaction ID : 43CF89147B1C67E5EF36
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Finnell, John, T, , II
Mailing Address: 505 S 5th St
City: Zionsville | State: IN | Zip Code: 46077-1745
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Indiana University Health Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017
Transaction ID : 403AAFD4644E7815C810
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Finnell, John, T, , II
Mailing Address: 505 S 5th St
City: Zionsville | State: IN | Zip Code: 46077-1745
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Indiana University Health Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017
Transaction ID : 4DAE8C95709C2533D374
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fisher, Jason, M, ,

Mailing Address 20480 Royal Stone Dr

City: Malibu | State: CA | Zip Code: 90265-5346

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-319

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fite, Diana, L, ,

Mailing Address 27127 Bridleway Cir

City: Magnolia | State: TX | Zip Code: 77355-2224

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 ▼ 700.00

Date of Receipt: 07 / 08 / 2017
Transaction ID : 42A2BB766C60E3ADB6A1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fite, Diana, L, ,

Mailing Address 27127 Bridleway Cir

City: Magnolia | State: TX | Zip Code: 77355-2224

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 ▼ 700.00

Date of Receipt: 08 / 08 / 2017
Transaction ID : 4F4FB6F125101E91FAFD

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fite, Diana, L, ,

Mailing Address 27127 Bridleway Cir

City: Magnolia | State: TX | Zip Code: 77355-2224

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 ▼ 700.00

Date of Receipt: 09 / 08 / 2017

Transaction ID : 41498A98229ECFBE080C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitz, Juan, Francisco, ,

Mailing Address 4002 126th St

City: Lubbock | State: TX | Zip Code: 79423-1980

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Aeromedical Specialist
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 03 / 2017

Transaction ID : 46F29D13E6938155A600

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitz, Juan, Francisco, ,

Mailing Address 4002 126th St

City: Lubbock | State: TX | Zip Code: 79423-1980

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Aeromedical Specialist
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 08 / 03 / 2017

Transaction ID : 499AA69AE99F60D2E4FB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitz, Juan, Francisco, ,

Mailing Address 4002 126th St

City: Lubbock | State: TX | Zip Code: 79423-1980

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Aeromedical Specialist

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 03 / 2017

Transaction ID : 42CD841F9D2874A866EF

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitz, Juan, Francisco, ,

Mailing Address 4002 126th St

City: Lubbock | State: TX | Zip Code: 79423-1980

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Aeromedical Specialist

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 03 / 2017

Transaction ID : 49C5A0CCC4C420F66C4C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitz, Juan, Francisco, ,

Mailing Address 4002 126th St

City: Lubbock | State: TX | Zip Code: 79423-1980

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Aeromedical Specialist

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 03 / 2017

Transaction ID : 4F1E859381D086589826

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fitz, Juan, Francisco, ,

Mailing Address 4002 126th St

City: Lubbock | State: TX | Zip Code: 79423-1980

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Aeromedical Specialist
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 05 / 2017

Transaction ID : 4E9A97E583F5375E377D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flanigan, Alan, Thomas, ,

Mailing Address 2499 Erie Ave

City: Cincinnati | State: OH | Zip Code: 45208-1201

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 ▼ 1200.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-67

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flanigan, Alan, Thomas, ,

Mailing Address 2499 Erie Ave

City: Cincinnati | State: OH | Zip Code: 45208-1201

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 ▼ 1200.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-35

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flanigan, Alan, Thomas, ,

Mailing Address 2499 Erie Ave

City: Cincinnati | State: OH | Zip Code: 45208-1201

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 ▼ 1200.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-34

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flanigan, Alan, Thomas, ,

Mailing Address 2499 Erie Ave

City: Cincinnati | State: OH | Zip Code: 45208-1201

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 ▼ 1200.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-73

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flanigan, Alan, Thomas, ,

Mailing Address 2499 Erie Ave

City: Cincinnati | State: OH | Zip Code: 45208-1201

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 ▼ 1200.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-142

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Flanigan, Alan, Thomas, ,

Mailing Address 2499 Erie Ave

City: Cincinnati | State: OH | Zip Code: 45208-1201

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 ▼ 1200.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-35

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foley, Kelly, , ,

Mailing Address 1133 Pond Cypress Dr

City: Virginia Beach | State: VA | Zip Code: 23455-6859

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of Tidewater
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: 07 / 03 / 2017
Transaction ID : 4BDABB23216B296C5848

Amount of Each Receipt this Period: 208.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foley, Kelly, , ,

Mailing Address 1133 Pond Cypress Dr

City: Virginia Beach | State: VA | Zip Code: 23455-6859

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of Tidewater
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: 08 / 03 / 2017
Transaction ID : 4D2EA946959B0EBFEA87

Amount of Each Receipt this Period: 208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 516.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foley, Kelly, , ,

Mailing Address 1133 Pond Cypress Dr

City: Virginia Beach | State: VA | Zip Code: 23455-6859

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of Tidewater

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: M M 09 / D D 03 / Y Y Y Y 2017

Transaction ID : 48F7A0BD4F649FE6F95B

Amount of Each Receipt this Period: 208.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foley, Kelly, , ,

Mailing Address 1133 Pond Cypress Dr

City: Virginia Beach | State: VA | Zip Code: 23455-6859

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of Tidewater

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: M M 10 / D D 03 / Y Y Y Y 2017

Transaction ID : 4F2287540AC5CB29443E

Amount of Each Receipt this Period: 208.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foley, Kelly, , ,

Mailing Address 1133 Pond Cypress Dr

City: Virginia Beach | State: VA | Zip Code: 23455-6859

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of Tidewater

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : 4D239BDE553BC164072C

Amount of Each Receipt this Period: 208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 624.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foley, Kelly, , ,

Mailing Address 1133 Pond Cypress Dr

City: Virginia Beach | State: VA | Zip Code: 23455-6859

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of Tidewater
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt: M M 12 / D D 03 / Y Y Y Y 2017

Transaction ID : 44608410671549ED107B

Amount of Each Receipt this Period: 208.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Foord, Dylan, , ,

Mailing Address PO Box 31754

City: Seattle | State: WA | Zip Code: 98103-1754

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-5

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ford, Marsha, D, ,

Mailing Address 6836 Alexander Rd

City: Charlotte | State: NC | Zip Code: 28270-2804

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 ▼ 365.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-35

Amount of Each Receipt this Period: 365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1773.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Forde-Baker, Jenice, , ,

Mailing Address 11 Cedar Hill Ct

City: Voorhees | State: NJ | Zip Code: 08043-4711

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 ▼ 1200.00

Date of Receipt: 07 / 13 / 2017

Transaction ID : 461DA7DF9934218587DF

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Forde-Baker, Jenice, , ,

Mailing Address 11 Cedar Hill Ct

City: Voorhees | State: NJ | Zip Code: 08043-4711

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 ▼ 1200.00

Date of Receipt: 10 / 13 / 2017

Transaction ID : 4506846E950B1E3F2405

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Forrestal, Kerry, , ,

Mailing Address 4200 Union Church Rd

City: Salisbury | State: MD | Zip Code: 21804-2377

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Service Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : 2017111010353-36

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Frederick, Matthew, A, ,

Mailing Address 6018 Greenwood Ave N

City: Seattle | State: WA | Zip Code: 98103-5508

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-21

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freedman, Scott, H, ,

Mailing Address 12814 Doe Ln

City: Gaithersburg | State: MD | Zip Code: 20878-6105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-116

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freedman, Scott, H, ,

Mailing Address 12814 Doe Ln

City: Gaithersburg | State: MD | Zip Code: 20878-6105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-83

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freedman, Scott, H, ,

Mailing Address 12814 Doe Ln

City: Gaithersburg | State: MD | Zip Code: 20878-6105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-79

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freedman, Scott, H, ,

Mailing Address 12814 Doe Ln

City: Gaithersburg | State: MD | Zip Code: 20878-6105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-74

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freedman, Scott, H, ,

Mailing Address 12814 Doe Ln

City: Gaithersburg | State: MD | Zip Code: 20878-6105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-143

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freedman, Scott, H, ,

Mailing Address 12814 Doe Ln

City: Gaithersburg | State: MD | Zip Code: 20878-6105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-92

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freeman, Jack, Miller, , Jr

Mailing Address 7020 Cumberland Harbour

City: Cumming | State: GA | Zip Code: 30041-2075

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Gainesville Emergency Department Servi
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2017

Transaction ID : 2017120310354-29

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freess, Daniel, , ,

Mailing Address 55 Soby Dr

City: West Hartford | State: CT | Zip Code: 06107-1034

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 ▼ 1100.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-68

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freess, Daniel, , ,

Mailing Address 55 Soby Dr

City: West Hartford | State: CT | Zip Code: 06107-1034

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 ▼ 1100.00

Date of Receipt: 09 / 07 / 2017

Transaction ID : 40C6A177D90530141558

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freess, Daniel, , ,

Mailing Address 55 Soby Dr

City: West Hartford | State: CT | Zip Code: 06107-1034

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 ▼ 1100.00

Date of Receipt: 10 / 07 / 2017

Transaction ID : 4496B13566E2FAB78D4D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freess, Daniel, , ,

Mailing Address 55 Soby Dr

City: West Hartford | State: CT | Zip Code: 06107-1034

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 ▼ 1100.00

Date of Receipt: 11 / 07 / 2017

Transaction ID : 48ADB527172D85FBFE25

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Freess, Daniel, , ,

Mailing Address 55 Soby Dr

City: West Hartford | State: CT | Zip Code: 06107-1034

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 ▼ 1100.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 4AF69B97DEDB5DAF49FF

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gage, Anita, Marie, ,

Mailing Address 8420 Wembley Ct

City: Chagrin Falls | State: OH | Zip Code: 44023-4553

FEC 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 ▼ 800.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-69

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gage, Anita, Marie, ,

Mailing Address 8420 Wembley Ct

City: Chagrin Falls | State: OH | Zip Code: 44023-4553

FEC 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 ▼ 800.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-36

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gallagher, John, M, ,
Mailing Address: 119 N Longford Ln
City: Wichita | State: KS | Zip Code: 67206-2426
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 ▼: 1140.51
Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017
Transaction ID : 49F3A50F1FE5F7BFECCB
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gallagher, John, M, ,
Mailing Address: 119 N Longford Ln
City: Wichita | State: KS | Zip Code: 67206-2426
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 ▼: 1140.51
Date of Receipt: M M 08 / D D 21 / Y Y Y Y 2017
Transaction ID : 4273B141433A6130BF9B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gallagher, John, M, ,
Mailing Address: 119 N Longford Ln
City: Wichita | State: KS | Zip Code: 67206-2426
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 ▼: 1140.51
Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017
Transaction ID : 44EBAD94211CE07FDC73
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallagher, John, M, ,

Mailing Address 119 N Longford Ln

City: Wichita | State: KS | Zip Code: 67206-2426

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 ▼ 1140.51

Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2017

Transaction ID : 4FC0A7F151E0D9B91E7B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallagher, John, M, ,

Mailing Address 119 N Longford Ln

City: Wichita | State: KS | Zip Code: 67206-2426

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 ▼ 1140.51

Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2017

Transaction ID : 45428907926AC0DCE335

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallagher, John, M, ,

Mailing Address 119 N Longford Ln

City: Wichita | State: KS | Zip Code: 67206-2426

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 ▼ 1140.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-739

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallagher, John, M, ,

Mailing Address 119 N Longford Ln

City: Wichita | State: KS | Zip Code: 67206-2426

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 ▼ 1140.51

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 4080B93285CA42367EF0

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallea, William, Stephen, ,

Mailing Address PO Box 6622

City: Helena | State: MT | Zip Code: 59604-6622

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Peters Hospital
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 07 / Y Y Y Y 2017

Transaction ID : 40FD840D860ABED5670D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallea, William, Stephen, ,

Mailing Address PO Box 6622

City: Helena | State: MT | Zip Code: 59604-6622

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Peters Hospital
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 07 / Y Y Y Y 2017

Transaction ID : 48EC802F0F0F474260A6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallea, William, Stephen, ,

Mailing Address PO Box 6622

City: Helena | State: MT | Zip Code: 59604-6622

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Peters Hospital
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2017

Transaction ID : 478A93D2C03B63442E86

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallea, William, Stephen, ,

Mailing Address PO Box 6622

City: Helena | State: MT | Zip Code: 59604-6622

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Peters Hospital
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2017

Transaction ID : 418DA1ECE2810484EE73

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallea, William, Stephen, ,

Mailing Address PO Box 6622

City: Helena | State: MT | Zip Code: 59604-6622

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Peters Hospital
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2017

Transaction ID : 4F32B0CFBF21C3EA3945

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gallea, William, Stephen, ,

Mailing Address PO Box 6622

City: Helena | State: MT | Zip Code: 59604-6622

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Peters Hospital
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 439BAB41E45E630D1183

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garber, Suzanne, , ,

Mailing Address 2208 Bretton Dr

City: Cincinnati | State: OH | Zip Code: 45244-3757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-70

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garber, Suzanne, , ,

Mailing Address 2208 Bretton Dr

City: Cincinnati | State: OH | Zip Code: 45244-3757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-37

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garber, Suzanne, , ,

Mailing Address 2208 Bretton Dr

City: Cincinnati | State: OH | Zip Code: 45244-3757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-35

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garber, Suzanne, , ,

Mailing Address 2208 Bretton Dr

City: Cincinnati | State: OH | Zip Code: 45244-3757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-75

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garber, Suzanne, , ,

Mailing Address 2208 Bretton Dr

City: Cincinnati | State: OH | Zip Code: 45244-3757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-144

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garber, Suzanne, , ,

Mailing Address 2208 Bretton Dr

City: Cincinnati | State: OH | Zip Code: 45244-3757

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-95

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garcia, Gregory, Paul, ,

Mailing Address 6834 30th Ave NE

City: Seattle | State: WA | Zip Code: 98115-7241

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-7

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garcia-Rodriguez, Raul, J, ,

Mailing Address 6901 Scenic Dr

City: Yakima | State: WA | Zip Code: 98908-2122

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): TeamHealth
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 40FEAB09806EAF26045B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Angela, F, ,

Mailing Address 3809 Parr Rd

City: Grapevine | State: TX | Zip Code: 76051-6453

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 ▼ 1525.02

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4E359F67CFF599970B30

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Angela, F, ,

Mailing Address 3809 Parr Rd

City: Grapevine | State: TX | Zip Code: 76051-6453

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 ▼ 1525.02

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4CACB1803D6FE70E77AF

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Angela, F, ,

Mailing Address 3809 Parr Rd

City: Grapevine | State: TX | Zip Code: 76051-6453

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 ▼ 1525.02

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4EDE80D3A0C6467FC5C8

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Angela, F, ,

Mailing Address 3809 Parr Rd

City: Grapevine | State: TX | Zip Code: 76051-6453

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 ▼ 1525.02

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2017

Transaction ID : 44F0A4923DA5490AA30B

Amount of Each Receipt this Period: 208.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Angela, F, ,

Mailing Address 3809 Parr Rd

City: Grapevine | State: TX | Zip Code: 76051-6453

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 ▼ 1525.02

Date of Receipt: M M 11 / D D 29 / Y Y Y Y 2017

Transaction ID : 4FB696941C97C67EF1A6

Amount of Each Receipt this Period: 208.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gardner, Angela, F, ,

Mailing Address 3809 Parr Rd

City: Grapevine | State: TX | Zip Code: 76051-6453

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 ▼ 1525.02

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 43899F1D429CCA2F64FC

Amount of Each Receipt this Period: 208.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garfinkel, Michael, David, ,

Mailing Address 261 S Parkview Ave

City: Bexley | State: OH | Zip Code: 43209-1649

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-71

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garfinkel, Michael, David, ,

Mailing Address 261 S Parkview Ave

City: Bexley | State: OH | Zip Code: 43209-1649

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-38

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garfinkel, Michael, David, ,

Mailing Address 261 S Parkview Ave

City: Bexley | State: OH | Zip Code: 43209-1649

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-36

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garfinkel, Michael, David, ,

Mailing Address 261 S Parkview Ave

City: Bexley | State: OH | Zip Code: 43209-1649

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-76

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garfinkel, Michael, David, ,

Mailing Address 261 S Parkview Ave

City: Bexley | State: OH | Zip Code: 43209-1649

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-145

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Garfinkel, Michael, David, ,

Mailing Address 261 S Parkview Ave

City: Bexley | State: OH | Zip Code: 43209-1649

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-83

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gatton, Barbara, J, ,

Mailing Address 230 E 88th St
Apt 13H

City: New York | State: NY | Zip Code: 10128-3356

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): New York Methodist Hospital Emergency
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 09 / D D 19 / Y Y Y Y 2017

Transaction ID : 2017092615354-33

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geary, Daniel, C, ,

Mailing Address 21910 Helen Ln

City: Leonardtown | State: MD | Zip Code: 20650-2220

FEC 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 ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-72

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geary, Daniel, C, ,

Mailing Address 21910 Helen Ln

City: Leonardtown | State: MD | Zip Code: 20650-2220

FEC 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 ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-39

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 366.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geary, Daniel, C, ,

Mailing Address 21910 Helen Ln

City: Leonardtown | State: MD | Zip Code: 20650-2220

FEC 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 ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-37

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geary, Daniel, C, ,

Mailing Address 21910 Helen Ln

City: Leonardtown | State: MD | Zip Code: 20650-2220

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-77

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geary, Daniel, C, ,

Mailing Address 21910 Helen Ln

City: Leonardtown | State: MD | Zip Code: 20650-2220

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-146

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geary, Daniel, C, ,

Mailing Address 21910 Helen Ln

City: Leonardtown | State: MD | Zip Code: 20650-2220

FEC 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 ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-52

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geers, Gregory, L, ,

Mailing Address 624 James Alexander Way

City: Davidson | State: NC | Zip Code: 28036-7070

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 ▼ 240.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-147

Amount of Each Receipt this Period: 20.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geers, Gregory, L, ,

Mailing Address 624 James Alexander Way

City: Davidson | State: NC | Zip Code: 28036-7070

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 ▼ 240.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-64

Amount of Each Receipt this Period: 20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 123.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geers, Ryan, , ,

Mailing Address 1017 Urbancrest Dr

City: Cincinnati | State: OH | Zip Code: 45226-1325

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Cincinnati Physicians Co

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 08 / 2017

Transaction ID : 8886434F-BAFE-41C1-

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Geers, Ryan, , ,

Mailing Address 1017 Urbancrest Dr

City: Cincinnati | State: OH | Zip Code: 45226-1325

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Cincinnati Physicians Co

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 78E6B151-7617-422D-

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
George, Lynda-Marie, , ,

Mailing Address 2529 Chapala Dr

City: Kissimmee | State: FL | Zip Code: 34746-3447

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 ▼ 266.68

Date of Receipt: 09 / 01 / 2017

Transaction ID : 201709111453-67

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 316.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
George, Lynda-Marie, , ,

Mailing Address 2529 Chapala Dr

City: Kissimmee | State: FL | Zip Code: 34746-3447

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 ▼ 266.68

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-114

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
George, Lynda-Marie, , ,

Mailing Address 2529 Chapala Dr

City: Kissimmee | State: FL | Zip Code: 34746-3447

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 ▼ 266.68

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-78

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
George, Lynda-Marie, , ,

Mailing Address 2529 Chapala Dr

City: Kissimmee | State: FL | Zip Code: 34746-3447

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 ▼ 266.68

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-76

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gerardi, Michael, Joseph, ,

Mailing Address 32 Goldfinch Dr

City: Hackettstown | State: NJ | Zip Code: 07840-3008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Associates New Jerse
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 8CC4CEF130FF511CD7B

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gerbig, Alexander, J, ,

Mailing Address 18612 Sound View Pl

City: Edmonds | State: WA | Zip Code: 98020-2356

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-811

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gillogley, Michael, James, ,

Mailing Address 6225 N Point Way

City: Sacramento | State: CA | Zip Code: 95831-1063

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-293

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1346.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-37

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-126

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017090619207-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-31

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-43

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-5

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gilmore, Thomas, , ,

Mailing Address 108 Williams Way

City: Tolland | State: CT | Zip Code: 06084-2548

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-133

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ginther, Bret, E, ,

Mailing Address 3611 Genista Pl

City: Fallbrook | State: CA | Zip Code: 92028-8143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: 09 / 01 / 2017
Transaction ID : 201709111453-69

Amount of Each Receipt this Period: 75.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ginther, Bret, E, ,

Mailing Address 3611 Genista Pl

City: Fallbrook | State: CA | Zip Code: 92028-8143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-295

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Glushak, Cai, , ,

Mailing Address 1432 W Catalpa Ave

City: Chicago | State: IL | Zip Code: 60640-1212

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 ▼ 300.00

Date of Receipt: 10 / 28 / 2017
Transaction ID : 7DF89EBDE8F79189390

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 448.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Godinez, Fermin, S, ,

Mailing Address 3814 W 47th Ave

City: Kennewick | State: WA | Zip Code: 99337-2787

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 ▼ 450.00

Date of Receipt: M M 08 / D D 31 / Y Y Y Y 2017

Transaction ID : 201709051354-49

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-38

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-127

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: 08 / 17 / 2017

Transaction ID : 2017090619207-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: 10 / 12 / 2017

Transaction ID : 2017102216508-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: 10 / 31 / 2017

Transaction ID : 2017111211353-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-32

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-44

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-6

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goldstein, Max, , ,

Mailing Address 10 Ridgemont Dr

City: West Hartford | State: CT | Zip Code: 06117-1025

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-134

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City: Bridgeport | State: OH | Zip Code: 43912-7724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-74

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City: Bridgeport | State: OH | Zip Code: 43912-7724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-41

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 191.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City: Bridgeport | State: OH | Zip Code: 43912-7724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-39

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City: Bridgeport | State: OH | Zip Code: 43912-7724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-79

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City: Bridgeport | State: OH | Zip Code: 43912-7724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-148

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooch, Christopher, Michael, ,

Mailing Address 52675 Timber Dr

City: Bridgeport | State: OH | Zip Code: 43912-7724

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-47

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goode, Christopher, S, ,

Mailing Address 312 Oakview Dr

City: Bridgeport | State: WV | Zip Code: 26330-9638

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 47A98DC49F3EEBE0061F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goode, Christopher, S, ,

Mailing Address 312 Oakview Dr

City: Bridgeport | State: WV | Zip Code: 26330-9638

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4A899A453D2D2CE7BBA9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 283.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Goode, Christopher, S, ,
Mailing Address: 312 Oakview Dr
City: Bridgeport | State: WV | Zip Code: 26330-9638
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 15 / 2017
Transaction ID : 4121A797B0EBED1DD70B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Goode, Christopher, S, ,
Mailing Address: 312 Oakview Dr
City: Bridgeport | State: WV | Zip Code: 26330-9638
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 10 / 29 / 2017
Transaction ID : 466A8A2D5388EEAE2A3C
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Goode, Christopher, S, ,
Mailing Address: 312 Oakview Dr
City: Bridgeport | State: WV | Zip Code: 26330-9638
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 11 / 29 / 2017
Transaction ID : 47B39AD684C28C91CDAF
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goode, Christopher, S, ,

Mailing Address 312 Oakview Dr

City: Bridgeport | State: WV | Zip Code: 26330-9638

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University Health Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 421BA4685CD881EAC208

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooden, Gay, , ,

Mailing Address 124 Duncansby Ct

City: Cary | State: NC | Zip Code: 27511-6404

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-21

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooden, Gay, , ,

Mailing Address 124 Duncansby Ct

City: Cary | State: NC | Zip Code: 27511-6404

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-8

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooden, Gay, , ,

Mailing Address 124 Duncansby Ct

City: Cary | State: NC | Zip Code: 27511-6404

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-38

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gooden, Gay, , ,

Mailing Address 124 Duncansby Ct

City: Cary | State: NC | Zip Code: 27511-6404

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-109

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodloe, Jeffrey, Michael, ,

Mailing Address 3720 E 99th Pl

City: Tulsa | State: OK | Zip Code: 74137-5231

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2017

Transaction ID : 463FBC6CE4D87035F3B8

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gorosh, Loren, R, ,

Mailing Address 7723 21st Ave NW

City: Seattle | State: WA | Zip Code: 98117-4311

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-20

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gowing, Peter, Darrow, ,

Mailing Address 28293 Andrews Ln

City: Corvallis | State: OR | Zip Code: 97330-9302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mary's Peak Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-66

Amount of Each Receipt this Period: 26.25

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gowing, Peter, Darrow, ,

Mailing Address 28293 Andrews Ln

City: Corvallis | State: OR | Zip Code: 97330-9302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mary's Peak Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-70

Amount of Each Receipt this Period: 26.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 652.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gowing, Peter, Darrow, ,

Mailing Address 28293 Andrews Ln

City: Corvallis | State: OR | Zip Code: 97330-9302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mary's Peak Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-122

Amount of Each Receipt this Period: 26.25

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gowing, Peter, Darrow, ,

Mailing Address 28293 Andrews Ln

City: Corvallis | State: OR | Zip Code: 97330-9302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mary's Peak Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-81

Amount of Each Receipt this Period: 26.25

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gowing, Peter, Darrow, ,

Mailing Address 28293 Andrews Ln

City: Corvallis | State: OR | Zip Code: 97330-9302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mary's Peak Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 315.00

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2017

Transaction ID : 201801041953-11

Amount of Each Receipt this Period: 26.25

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 78.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Graff, Jeremy, E, ,

Mailing Address 5165 Miller Ln

City: Lincoln | State: CA | Zip Code: 95648-9700

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MedAmerica
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-301

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gray, Thomas, L, , Jr

Mailing Address 29962 Road 168

City: Visalia | State: CA | Zip Code: 93292-9700

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-125

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gray, Thomas, L, , Jr

Mailing Address 29962 Road 168

City: Visalia | State: CA | Zip Code: 93292-9700

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-302

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 196.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gray-Eurom, Kelly, , ,

Mailing Address 4228 Fairway Dr

City: Jacksonville | State: FL | Zip Code: 32210-6023

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Florida Jacksonville
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 39BD45C3293FC1A2784

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grazier, Robert, K, ,

Mailing Address 673 E Teal Cir

City: Fresno | State: CA | Zip Code: 93730-1250

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Community Medical Providers Medical Gr
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 27 / Y Y Y Y 2017

Transaction ID : 201801041953-3

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Green, Andrea, L, ,

Mailing Address 5 Twin Springs Dr

City: Arlington | State: TX | Zip Code: 76016-4027

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Arlington Emergency Medicine Assoc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 40AE916A3EE40897DEA3

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Green, Andrea, L, ,
Mailing Address: 5 Twin Springs Dr
City: Arlington | State: TX | Zip Code: 76016-4027
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Arlington Emergency Medicine Assoc
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 15 / 2017
Transaction ID : 45AB9A672420A5DA3E3D
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Green, Andrea, L, ,
Mailing Address: 5 Twin Springs Dr
City: Arlington | State: TX | Zip Code: 76016-4027
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Arlington Emergency Medicine Assoc
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 15 / 2017
Transaction ID : 4802B7AA62629449387A
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Green, Andrea, L, ,
Mailing Address: 5 Twin Springs Dr
City: Arlington | State: TX | Zip Code: 76016-4027
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Arlington Emergency Medicine Assoc
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 10 / 22 / 2017
Transaction ID : 427EA5AA40622775CAD1
Amount of Each Receipt this Period: 300.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greenberg, Robert, D, ,

Mailing Address 1707 Canyon Springs Dr

City: Belton | State: TX | Zip Code: 76513-1044

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Scott & White Deptartment of Emergency

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 09 / D D 24 / Y Y Y Y 2017

Transaction ID : 41028646D0EA8C1318B0

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Greenberg, Robert, D, ,

Mailing Address 1707 Canyon Springs Dr

City: Belton | State: TX | Zip Code: 76513-1044

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Scott & White Deptartment of Emergency

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 12 / D D 24 / Y Y Y Y 2017

Transaction ID : 43EBA79DDFC4B641D6CF

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-14

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: 08 / 11 / 2017

Transaction ID : 20170815102322-9

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-21

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: 10 / 12 / 2017

Transaction ID : 2017102216508-22

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-9

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-39

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffin, Amy, , ,

Mailing Address 220 Midden Way

City: Holly Springs | State: NC | Zip Code: 27540-6842

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-110

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffith, David, L, ,

Mailing Address 1737 Hopkins St

City: Berkeley | State: CA | Zip Code: 94707-2714

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: M M 07 / D D 26 / Y Y Y Y 2017

Transaction ID : 20170806104321-31

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griffith, David, L, ,

Mailing Address 1737 Hopkins St

City: Berkeley | State: CA | Zip Code: 94707-2714

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 290.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-305

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Groner, Kathryn, , ,

Mailing Address 510 Chester Rd

City: Swarthmore | State: PA | Zip Code: 19081-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 47E5AA01A0C426B70888

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Groner, Kathryn, , ,

Mailing Address 510 Chester Rd

City: Swarthmore | State: PA | Zip Code: 19081-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 08 / 15 / 2017

Transaction ID : 4011B1B6646C7D50BA53

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Groner, Kathryn, , ,

Mailing Address 510 Chester Rd

City: Swarthmore | State: PA | Zip Code: 19081-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 424B94888EFA40076A42

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Groner, Kathryn, , ,

Mailing Address 510 Chester Rd

City: Swarthmore | State: PA | Zip Code: 19081-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 428DA3C55988D9CBF66A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Groner, Kathryn, , ,

Mailing Address 510 Chester Rd

City: Swarthmore | State: PA | Zip Code: 19081-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 417091CABD704EC5121C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Groner, Kathryn, , ,

Mailing Address 510 Chester Rd

City: Swarthmore | State: PA | Zip Code: 19081-1109

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 43EA9FEE2AC5BCD98454

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grossman, Owen, , ,

Mailing Address 169 Lake Penchant Ct

City: Houma | State: LA | Zip Code: 70360-8322

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Physician Services

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 28 / Y Y Y Y 2017

Transaction ID : 00EC4579-0B89-4F42-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gulati, Vikant, , ,

Mailing Address 2014 S St

City: Sacramento | State: CA | Zip Code: 95811-6820

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): The Permanente Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 25 / Y Y Y Y 2017

Transaction ID : 7A96F9D8-09B2-4F58-

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guldner, Gregory, T, ,

Mailing Address 4065 Old Waverly Cir

City: Corona | State: CA | Zip Code: 92883-0749

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-307

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gummerson, Kenneth, S, ,

Mailing Address 12 Wendover Rd

City: Baltimore | State: MD | Zip Code: 21218-1832

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Service, PA
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2017

Transaction ID : 7EA5AD67-804C-4BF3-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1873.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gupta, Puneet, , ,

Mailing Address 3472 Bent Trail Dr

City: Ann Arbor | State: MI | Zip Code: 48108-9302

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 ▼ 300.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 4C66A0BE15034CDE5BDF

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gupta, Sanjey, , ,

Mailing Address 62 Sherman Ave

City: Rockville Centre | State: NY | Zip Code: 11570-3136

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Long Island Jewish Emergency Physician
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-42

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guthrie, Cecilia, , ,

Mailing Address 5900 Mosteller Dr
Unit 91

City: Oklahoma City | State: OK | Zip Code: 73112-4608

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Childrens Hospital at Oklahoma Univers
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : D572225BE1C2C3FD212

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Guyton, Steven, D, ,
Mailing Address: 40 Waterfront Dr
City: Pittsburgh | State: PA | Zip Code: 15222-4734
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 ▼: 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-75
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Guyton, Steven, D, ,
Mailing Address: 40 Waterfront Dr
City: Pittsburgh | State: PA | Zip Code: 15222-4734
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 ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-42
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Guyton, Steven, D, ,
Mailing Address: 40 Waterfront Dr
City: Pittsburgh | State: PA | Zip Code: 15222-4734
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 ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-40
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Guyton, Steven, D, ,
Mailing Address: 40 Waterfront Dr
City: Pittsburgh | State: PA | Zip Code: 15222-4734
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 ▼: 1200.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-80
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Guyton, Steven, D, ,
Mailing Address: 40 Waterfront Dr
City: Pittsburgh | State: PA | Zip Code: 15222-4734
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 ▼: 1200.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-149
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Guyton, Steven, D, ,
Mailing Address: 40 Waterfront Dr
City: Pittsburgh | State: PA | Zip Code: 15222-4734
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 ▼: 1200.00
Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-94
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guzik, Jerry, , ,

Mailing Address 2500 Johnson Ave
Apt 3D

City: Bronx | State: NY | Zip Code: 10463-4949

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Maimonides Medical Center EM Faculty P
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-783

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddock, Alison, J, ,

Mailing Address 8518 Hatton St

City: Houston | State: TX | Zip Code: 77025-3808

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 ▼ 1200.00

Date of Receipt: 07 / 29 / 2017
Transaction ID : 4243AEB2395075CE0DE1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddock, Alison, J, ,

Mailing Address 8518 Hatton St

City: Houston | State: TX | Zip Code: 77025-3808

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 ▼ 1200.00

Date of Receipt: 08 / 29 / 2017
Transaction ID : 4A7F92EAA71947DC8301

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddock, Alison, J, ,

Mailing Address 8518 Hatton St

City: Houston | State: TX | Zip Code: 77025-3808

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2017

Transaction ID : 4467816E901A5D82F6B6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddock, Alison, J, ,

Mailing Address 8518 Hatton St

City: Houston | State: TX | Zip Code: 77025-3808

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2017

Transaction ID : 4DF18C16773145D381EC

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddock, Alison, J, ,

Mailing Address 8518 Hatton St

City: Houston | State: TX | Zip Code: 77025-3808

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 29 / Y Y Y Y 2017

Transaction ID : 492CA70485A3DB7ABBC2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haddock, Alison, J, ,

Mailing Address 8518 Hatton St

City: Houston | State: TX | Zip Code: 77025-3808

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 48C6B025429ED98B6A48

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hafner, John, W, ,

Mailing Address 3022 W Playden Dr

City: Peoria | State: IL | Zip Code: 61615-7505

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 ▼ 500.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4E30894C36FD4DC34502

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hafner, John, W, ,

Mailing Address 3022 W Playden Dr

City: Peoria | State: IL | Zip Code: 61615-7505

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 ▼ 500.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4834A4DCAAC8B38ECC5B

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hafner, John, W, ,

Mailing Address 3022 W Playden Dr

City: Peoria | State: IL | Zip Code: 61615-7505

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 ▼ 500.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 4149BB7AC7D1A4A0422A

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hafner, John, W, ,

Mailing Address 3022 W Playden Dr

City: Peoria | State: IL | Zip Code: 61615-7505

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 ▼ 500.00

Date of Receipt: 10 / 29 / 2017

Transaction ID : 4B9294249D7E84423AE4

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Ronald, V, ,

Mailing Address 1111 Picasso Ct

City: Williamstown | State: NJ | Zip Code: 08094-6319

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 ▼ 365.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-43

Amount of Each Receipt this Period: 365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 465.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Timothy, James, ,

Mailing Address 1380 Woodhurst Dr

City: Rock Hill | State: SC | Zip Code: 29732-2082

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-76

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Timothy, James, ,

Mailing Address 1380 Woodhurst Dr

City: Rock Hill | State: SC | Zip Code: 29732-2082

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-43

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Timothy, James, ,

Mailing Address 1380 Woodhurst Dr

City: Rock Hill | State: SC | Zip Code: 29732-2082

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-41

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Timothy, James, ,

Mailing Address 1380 Woodhurst Dr

City: Rock Hill | State: SC | Zip Code: 29732-2082

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 ▼ 1200.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-81

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Timothy, James, ,

Mailing Address 1380 Woodhurst Dr

City: Rock Hill | State: SC | Zip Code: 29732-2082

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 ▼ 1200.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-150

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hall, Timothy, James, ,

Mailing Address 1380 Woodhurst Dr

City: Rock Hill | State: SC | Zip Code: 29732-2082

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 ▼ 1200.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-99

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hallock, Robert, Jason, ,

Mailing Address 2124 Bay Front Ter

City: Annapolis | State: MD | Zip Code: 21409-5705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 16 / Y Y Y Y 2017

Transaction ID : 47F59B0B355AB4C27526

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hallock, Robert, Jason, ,

Mailing Address 2124 Bay Front Ter

City: Annapolis | State: MD | Zip Code: 21409-5705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 16 / Y Y Y Y 2017

Transaction ID : 4AD5A5BE5E132F2A8119

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hallock, Robert, Jason, ,

Mailing Address 2124 Bay Front Ter

City: Annapolis | State: MD | Zip Code: 21409-5705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 16 / Y Y Y Y 2017

Transaction ID : 4088AA14ECC3CAC8635F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hallock, Robert, Jason, ,

Mailing Address 2124 Bay Front Ter

City: Annapolis | State: MD | Zip Code: 21409-5705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2017

Transaction ID : 4914BFD3A6F407D78BE9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hallock, Robert, Jason, ,

Mailing Address 2124 Bay Front Ter

City: Annapolis | State: MD | Zip Code: 21409-5705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 16 / Y Y Y Y 2017

Transaction ID : 476991110B5B38AE41F2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hallock, Robert, Jason, ,

Mailing Address 2124 Bay Front Ter

City: Annapolis | State: MD | Zip Code: 21409-5705

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 16 / Y Y Y Y 2017

Transaction ID : 4F88AEE8ACD4571FAE4A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-15

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-10

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-22

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: 10 / 12 / 2017

Transaction ID : 2017102216508-23

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: 11 / 14 / 2017

Transaction ID : 2017120314503-10

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: 12 / 13 / 2017

Transaction ID : 201712181354-40

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton-Gaertner, PJ, , ,

Mailing Address 580 Vista Del Lago Ln

City: Wake Forest | State: NC | Zip Code: 27587-5342

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-111

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammad, Omar, , ,

Mailing Address 9375 Listow Ter

City: Boynton Beach | State: FL | Zip Code: 33472-2715

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Sheridan Emergency Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2DBF817C-9EA3-49EE-

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hancock, Mary, E, ,

Mailing Address 702 Oakdale Cir

City: Elyria | State: OH | Zip Code: 44035-0910

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-44

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hancock, Robert, , , Jr

Mailing Address 6 Heatherstone Ct

City: Roanoke | State: TX | Zip Code: 76262-5642

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-45

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hanneman, Douglas, B, ,

Mailing Address 541 Harbor Light Ct

City: Neenah | State: WI | Zip Code: 54956-1444

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fox Valley Emergency Medicine SC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-15

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haraldsson, Gisli, E, ,

Mailing Address 4425 Ettenmoor Ln SW

City: Rochester | State: MN | Zip Code: 55902-8741

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 ▼ 900.00

Date of Receipt: M M 07 / D D 20 / Y Y Y Y 2017

Transaction ID : 49FE9D70D0839FA3D742

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 565.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haraldsson, Gisli, E, ,

Mailing Address 4425 Ettenmoor Ln SW

City: Rochester | State: MN | Zip Code: 55902-8741

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 ▼ 900.00

Date of Receipt: M M 08 / D D 20 / Y Y Y Y 2017

Transaction ID : 44CCA396562CCCCFF52D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haraldsson, Gisli, E, ,

Mailing Address 4425 Ettenmoor Ln SW

City: Rochester | State: MN | Zip Code: 55902-8741

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 ▼ 900.00

Date of Receipt: M M 09 / D D 20 / Y Y Y Y 2017

Transaction ID : 49228ED299D1ECD47D60

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haraldsson, Gisli, E, ,

Mailing Address 4425 Ettenmoor Ln SW

City: Rochester | State: MN | Zip Code: 55902-8741

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 ▼ 900.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : 4D01A8B564E9D88A02B2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Harris, Russell, H, ,

Mailing Address 5829 Wissahickon Ave

City: Philadelphia | State: PA | Zip Code: 19144-4446

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 02 / Y Y Y Y 2017

Transaction ID : 2017101523203-146

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hartsell, Stephen, Carl, ,

Mailing Address 30 N 1900 E

City: Salt Lake City | State: UT | Zip Code: 84132-0002

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 ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : E8A8E5CD5B330519072

Amount of Each Receipt this Period: 600.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Haselow, William, C, ,

Mailing Address 7118 W Lafayette Pl

City: Mequon | State: WI | Zip Code: 53092-8600

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Infinity Healthcare Incorporated
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2AE13513C3D8A5D8899

Amount of Each Receipt this Period: 1200.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Heath, F, Richard, ,
Mailing Address: 53 Fox Pointe Dr
City: Pittsburgh | State: PA | Zip Code: 15238-1534
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Resource Management Incorpor
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 07 / 16 / 2017
Transaction ID : EC6A7CE0-FDD7-4D6B-
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Heath, F, Richard, ,
Mailing Address: 53 Fox Pointe Dr
City: Pittsburgh | State: PA | Zip Code: 15238-1534
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Resource Management Incorpor
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 21 / 2017
Transaction ID : 4676CFBC-2DE1-48DF-
Amount of Each Receipt this Period: 200.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Heegaard, William, G, ,
Mailing Address: 4915 10th Ave S
City: Minneapolis | State: MN | Zip Code: 55417-1102
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 ▼: 500.00
Date of Receipt: 10 / 27 / 2017
Transaction ID : 6662D24380EA5860B15
Amount of Each Receipt this Period: 500.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heidt, Jonathan, , ,

Mailing Address 5106 Sockeye Ct

City: Columbia | State: MO | Zip Code: 65203-6489

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 27 / Y Y Y Y 2017

Transaction ID : 4FF29A43BF45C3F4E0B6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heidt, Jonathan, , ,

Mailing Address 5106 Sockeye Ct

City: Columbia | State: MO | Zip Code: 65203-6489

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 27 / Y Y Y Y 2017

Transaction ID : 43AF86331046545E16C7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heidt, Jonathan, , ,

Mailing Address 5106 Sockeye Ct

City: Columbia | State: MO | Zip Code: 65203-6489

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 27 / Y Y Y Y 2017

Transaction ID : 489F9BDD95BC5A1E7FFE

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Heidt, Jonathan, , ,
Mailing Address: 5106 Sockeye Ct
City: Columbia | State: MO | Zip Code: 65203-6489
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 ▼: 1200.00
Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017
Transaction ID : 4A22ABE9207E06D2F019
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Heidt, Jonathan, , ,
Mailing Address: 5106 Sockeye Ct
City: Columbia | State: MO | Zip Code: 65203-6489
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 ▼: 1200.00
Date of Receipt: M M 11 / D D 27 / Y Y Y Y 2017
Transaction ID : 472CAFA71C7B2F45FCF2
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Heidt, Jonathan, , ,
Mailing Address: 5106 Sockeye Ct
City: Columbia | State: MO | Zip Code: 65203-6489
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 ▼: 1200.00
Date of Receipt: M M 12 / D D 27 / Y Y Y Y 2017
Transaction ID : 4B2888213BFC529551A4
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heine, Carlton, E, ,

Mailing Address 8108 S Krell Rdg

City: Spokane | State: WA | Zip Code: 99223-1811

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Juneau Emergency Medical Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2017

Transaction ID : 46EA865BE168A0B8A837

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heine, Carlton, E, ,

Mailing Address 8108 S Krell Rdg

City: Spokane | State: WA | Zip Code: 99223-1811

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Juneau Emergency Medical Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 05 / Y Y Y Y 2017

Transaction ID : 4A3EABBBC153070598D9

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heine, Marilyn, Joan, ,

Mailing Address 900 Twining Rd

City: Dresher | State: PA | Zip Code: 19025-1726

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 ▼ 250.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-148

Amount of Each Receipt this Period: 20.83

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 620.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heine, Marilyn, Joan, ,

Mailing Address 900 Twining Rd

City: Dresher | State: PA | Zip Code: 19025-1726

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 ▼ 250.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-93

Amount of Each Receipt this Period: 20.83

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heine, Marilyn, Joan, ,

Mailing Address 900 Twining Rd

City: Dresher | State: PA | Zip Code: 19025-1726

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 ▼ 250.00

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-88

Amount of Each Receipt this Period: 20.83

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Helbling, Antonia, R, ,

Mailing Address 3500 Harbison Dr
525

City: Vacaville | State: CA | Zip Code: 95687-3913

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 ▼ 465.00

Date of Receipt: M M 10 / D D 09 / Y Y Y Y 2017

Transaction ID : BA4EE355-024D-4F55-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 406.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heneveld, Edward, H, ,

Mailing Address 589 Forest Glen Rd
PO Box 2488

City: Olympic Valley | State: CA | Zip Code: 96146

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-330

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hennings, Jacob, R, ,

Mailing Address 7 Rock Crest Ln

City: Signal Mountain | State: TN | Zip Code: 37377-2303

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lovelace Health System
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 1C5BAFA2-0091-40DF-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Henry, Gregory, L, ,

Mailing Address 1850 Washtenaw Ave

City: Ann Arbor | State: MI | Zip Code: 48104-3638

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 ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : AEEE349F567D68BBA32

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1873.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hensley, Justin, P, ,

Mailing Address 5121 Ocean Dr

City: Corpus Christi | State: TX | Zip Code: 78412-2661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2017

Transaction ID : 4F7494F62CB56DBA0F97

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hensley, Justin, P, ,

Mailing Address 5121 Ocean Dr

City: Corpus Christi | State: TX | Zip Code: 78412-2661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 10 / Y Y Y Y 2017

Transaction ID : 4D62AF7025E0E4D87D20

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hensley, Justin, P, ,

Mailing Address 5121 Ocean Dr

City: Corpus Christi | State: TX | Zip Code: 78412-2661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2017

Transaction ID : 4EE592033DEA07D0125E

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hensley, Justin, P, ,

Mailing Address 5121 Ocean Dr

City: Corpus Christi | State: TX | Zip Code: 78412-2661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2017

Transaction ID : 4BD48FE6AC14C087439F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hensley, Justin, P, ,

Mailing Address 5121 Ocean Dr

City: Corpus Christi | State: TX | Zip Code: 78412-2661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : 4401ADE0312C3E4530B1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hensley, Justin, P, ,

Mailing Address 5121 Ocean Dr

City: Corpus Christi | State: TX | Zip Code: 78412-2661

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 47E4A9A49F749B91F3C8

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Linda, Louise, ,

Mailing Address 745 N Fulgham Ct

City: Visalia | State: CA | Zip Code: 93291-4164

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2017

Transaction ID : 20170721162819-366

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Linda, Louise, ,

Mailing Address 745 N Fulgham Ct

City: Visalia | State: CA | Zip Code: 93291-4164

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-95

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Linda, Louise, ,

Mailing Address 745 N Fulgham Ct

City: Visalia | State: CA | Zip Code: 93291-4164

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-332

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herman, Sanford, H, ,

Mailing Address 424 Sandcastle Rd

City: Franklin | State: TN | Zip Code: 37069-7221

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Services Network
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1220.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-47

Amount of Each Receipt this Period: 20.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-39

Amount of Each Receipt this Period: 37.50

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-128

Amount of Each Receipt this Period: 37.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017090619207-7

Amount of Each Receipt this Period: 37.50

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-7

Amount of Each Receipt this Period: 37.50

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-7

Amount of Each Receipt this Period: 37.50

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 112.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-7

Amount of Each Receipt this Period: 37.50

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-7

Amount of Each Receipt this Period: 37.50

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-7

Amount of Each Receipt this Period: 37.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 112.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-33

Amount of Each Receipt this Period: 37.50

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-45

Amount of Each Receipt this Period: 37.50

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-7

Amount of Each Receipt this Period: 37.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 112.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Herr, David, H, ,

Mailing Address 163 Cemetery Rd

City: Union | State: CT | Zip Code: 06076-4827

FEC 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 ▼ 900.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-135

Amount of Each Receipt this Period: 37.50

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hibbs, Nathaniel, T, ,

Mailing Address 6634 S Prescott Way

City: Littleton | State: CO | Zip Code: 80120-3048

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 ▼ 1000.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 4FABBD53F7841468ED42

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hibbs, Nathaniel, T, ,

Mailing Address 6634 S Prescott Way

City: Littleton | State: CO | Zip Code: 80120-3048

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 ▼ 1000.00

Date of Receipt: M M 08 / D D 13 / Y Y Y Y 2017

Transaction ID : 438AA0727423EB3B031D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 237.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hibbs, Nathaniel, T, ,

Mailing Address 6634 S Prescott Way

City: Littleton | State: CO | Zip Code: 80120-3048

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 ▼ 1000.00

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2017

Transaction ID : 41A792E7D334FFED7332

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hibbs, Nathaniel, T, ,

Mailing Address 6634 S Prescott Way

City: Littleton | State: CO | Zip Code: 80120-3048

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 ▼ 1000.00

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2017

Transaction ID : 425EB98B8316F6BC3651

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Himelfarb, Nadine, T, ,

Mailing Address 40 Oriole Ave

City: Providence | State: RI | Zip Code: 02906-5528

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 ▼ 1400.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-49

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hipskind, John, Ernest, ,

Mailing Address 4926 W Buena Vista Ave

City: Visalia | State: CA | Zip Code: 93291-9018

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-335

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hirshon, Jon Mark, , ,

Mailing Address 1062 River Bay Rd

City: Annapolis | State: MD | Zip Code: 21409-4830

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 07 / Y Y Y Y 2017

Transaction ID : 4F65AFABA30491E64F94

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hirshon, Jon Mark, , ,

Mailing Address 1062 River Bay Rd

City: Annapolis | State: MD | Zip Code: 21409-4830

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2017

Transaction ID : 46DF8BFBF2F885C24A35

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 673.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hobbs, Larry, Allen, ,

Mailing Address 12717 Brewster Dr
Lee Memorial Gulf Coast Med Ctr

City: Fort Myers | State: FL | Zip Code: 33908-1809

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southwest Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 401592E2795C4EE818DE

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hobbs, Larry, Allen, ,

Mailing Address 12717 Brewster Dr
Lee Memorial Gulf Coast Med Ctr

City: Fort Myers | State: FL | Zip Code: 33908-1809

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southwest Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 41FE960320264DBF17A2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hobbs, Larry, Allen, ,

Mailing Address 12717 Brewster Dr
Lee Memorial Gulf Coast Med Ctr

City: Fort Myers | State: FL | Zip Code: 33908-1809

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southwest Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 4DD7A1FD053BA3C6ADE9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hobbs, Larry, Allen, ,

Mailing Address 12717 Brewster Dr
Lee Memorial Gulf Coast Med Ctr

City: Fort Myers | State: FL | Zip Code: 33908-1809

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southwest Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 4C8C8DD1DA4695140B35

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hobbs, Larry, Allen, ,

Mailing Address 12717 Brewster Dr
Lee Memorial Gulf Coast Med Ctr

City: Fort Myers | State: FL | Zip Code: 33908-1809

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Southwest Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4B789D4CEC1A4338FFDE

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hochman, Steven, M, ,

Mailing Address 87 Wildwood Ave

City: Montclair | State: NJ | Zip Code: 07043-2212

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 ▼ 400.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-51

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hoper, Sarah, , ,

Mailing Address 8302 Westfield Dr NE

City: Cedar Rapids | State: IA | Zip Code: 52402-7362

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 ▼ 300.00

Date of Receipt: M M 08 / D D 23 / Y Y Y Y 2017

Transaction ID : 201709051354-51

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
House, Hans, Roberts, ,

Mailing Address 1 Lake Pointe Rd NE

City: Iowa City | State: IA | Zip Code: 52240-9105

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 20170721162819-10

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrutkay, Lisa, Dianne, ,

Mailing Address 1464 Stoolfire Rd

City: Valley Grove | State: WV | Zip Code: 26060-7934

FEC 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 ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-77

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 383.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrutkay, Lisa, Dianne, ,

Mailing Address 1464 Stoolfire Rd

City: Valley Grove | State: WV | Zip Code: 26060-7934

FEC 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 ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-44

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrutkay, Lisa, Dianne, ,

Mailing Address 1464 Stoolfire Rd

City: Valley Grove | State: WV | Zip Code: 26060-7934

FEC 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 ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-42

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrutkay, Lisa, Dianne, ,

Mailing Address 1464 Stoolfire Rd

City: Valley Grove | State: WV | Zip Code: 26060-7934

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-82

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrutkay, Lisa, Dianne, ,

Mailing Address 1464 Stoolfire Rd

City: Valley Grove | State: WV | Zip Code: 26060-7934

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-151

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hrutkay, Lisa, Dianne, ,

Mailing Address 1464 Stoolfire Rd

City: Valley Grove | State: WV | Zip Code: 26060-7934

FEC 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 ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-79

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hughes, Dennis, E, ,

Mailing Address 155 Jacks Cir

City: Shell Knob | State: MO | Zip Code: 65747-8398

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 ▼ 400.00

Date of Receipt: M M 11 / D D 29 / Y Y Y Y 2017

Transaction ID : 4D2BB9143F1672657D85

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) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hughes, Dennis, E, ,

Mailing Address 155 Jacks Cir

City: Shell Knob | State: MO | Zip Code: 65747-8398

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 ▼ 400.00

Date of Receipt: 12 / 01 / 2017

Transaction ID : 2017121020205-206

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hughes, Dennis, E, ,

Mailing Address 155 Jacks Cir

City: Shell Knob | State: MO | Zip Code: 65747-8398

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 ▼ 400.00

Date of Receipt: 12 / 29 / 2017

Transaction ID : 4307BC9755AEB9748A33

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huhnke, Gina, Teresa, ,

Mailing Address 1788 Rolling Ridge Dr

City: Newburgh | State: IN | Zip Code: 47630-8083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Rm Assoc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 26 / 2017

Transaction ID : 4C1FFC37-3199-45D0-

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 375.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hummel, Laura, L, ,

Mailing Address 807 S Roxmere Rd

City: Tampa | State: FL | Zip Code: 33609-4235

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 ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-52

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hurt, Catherine, M, ,

Mailing Address 5301 Harbord Dr

City: Oakland | State: CA | Zip Code: 94618-2619

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-215

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hurt, Catherine, M, ,

Mailing Address 5301 Harbord Dr

City: Oakland | State: CA | Zip Code: 94618-2619

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-157

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hurt, Catherine, M, ,

Mailing Address 5301 Harbord Dr

City: Oakland | State: CA | Zip Code: 94618-2619

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-340

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hutchens, Daniel, J, ,

Mailing Address 1296 Kapiolani Blvd
Apt 2904

City: Honolulu | State: HI | Zip Code: 96814-2886

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 ▼ 300.00

Date of Receipt: 10 / 16 / 2017
Transaction ID : 2017102215504-17

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hyde, Marc, P, ,

Mailing Address 2637 E Spring Hollow Dr

City: Salt Lake Cty | State: UT | Zip Code: 84109-4036

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 ▼ 2000.00

Date of Receipt: 09 / 05 / 2017
Transaction ID : 880B871A-0D71-48EF-

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 773.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hyde, Marc, P, ,

Mailing Address 2637 E Spring Hollow Dr

City: Salt Lake Cty | State: UT | Zip Code: 84109-4036

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 ▼ 2000.00

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2017

Transaction ID : 201709111453-233

Amount of Each Receipt this Period: 1500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ives Tallman, Crystal, M, ,

Mailing Address 225 N Acacia Ave

City: Clovis | State: CA | Zip Code: 93612-0443

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 ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-343

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jeffrey, Doug, Duart, ,

Mailing Address 1907 W 30th St
Apt A

City: Austin | State: TX | Zip Code: 78703-1851

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Service Partners
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 9BDBE8B858E1F1527AA

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2773.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenis, Andrew, David, ,

Mailing Address 115 Cayuga Heights Rd

City: Ithaca | State: NY | Zip Code: 14850-2102

FEC 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 ▼ 999.96

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-78

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenis, Andrew, David, ,

Mailing Address 115 Cayuga Heights Rd

City: Ithaca | State: NY | Zip Code: 14850-2102

FEC 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 ▼ 999.96

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-45

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenis, Andrew, David, ,

Mailing Address 115 Cayuga Heights Rd

City: Ithaca | State: NY | Zip Code: 14850-2102

FEC 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 ▼ 999.96

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-43

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenis, Andrew, David, ,

Mailing Address 115 Cayuga Heights Rd

City: Ithaca | State: NY | Zip Code: 14850-2102

FEC 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 ▼ 999.96

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-83

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenis, Andrew, David, ,

Mailing Address 115 Cayuga Heights Rd

City: Ithaca | State: NY | Zip Code: 14850-2102

FEC 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 ▼ 999.96

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-152

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jenis, Andrew, David, ,

Mailing Address 115 Cayuga Heights Rd

City: Ithaca | State: NY | Zip Code: 14850-2102

FEC 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 ▼ 999.96

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-38

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-40

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-129

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017090619207-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-34

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-46

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-8

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
John, David, Peter, ,

Mailing Address 20 Hartley St

City: North Haven | State: CT | Zip Code: 06473-4409

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-136

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Jeffrey, , ,

Mailing Address 212 E 21st St

City: Tulsa | State: OK | Zip Code: 74114-1202

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Green Country Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-53

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Philip, Byron, ,

Mailing Address 4268 NC Highway 39

City: Selma | State: NC | Zip Code: 27576-8092

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-24

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Philip, Byron, ,

Mailing Address 4268 NC Highway 39

City: Selma | State: NC | Zip Code: 27576-8092

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-11

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Philip, Byron, ,

Mailing Address 4268 NC Highway 39

City: Selma | State: NC | Zip Code: 27576-8092

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-41

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Philip, Byron, ,

Mailing Address 4268 NC Highway 39

City: Selma | State: NC | Zip Code: 27576-8092

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-112

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, Ramon, W, ,

Mailing Address 25691 Hamden Dr

City: Laguna Niguel | State: CA | Zip Code: 92677-1426

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 69DBF4F53B5A1FB09CB

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnston, Christopher, David, ,

Mailing Address 1459 Milwaukee St

City: Denver | State: CO | Zip Code: 80206-2507

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): APEX Emergency Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 278ED98CB05EF565298

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Bruce, G, ,

Mailing Address 465 Woodard Pl
Doctors Hosp

City: Powell | State: OH | Zip Code: 43065-7448

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-79

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Bruce, G, ,

Mailing Address 465 Woodard Pl
Doctors Hosp

City: Powell | State: OH | Zip Code: 43065-7448

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-46

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Bruce, G, ,

Mailing Address 465 Woodard Pl
Doctors Hosp

City: Powell | State: OH | Zip Code: 43065-7448

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-44

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Bruce, G, ,

Mailing Address 465 Woodard Pl
Doctors Hosp

City: Powell | State: OH | Zip Code: 43065-7448

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-84

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Bruce, G, ,

Mailing Address 465 Woodard Pl
Doctors Hosp

City: Powell | State: OH | Zip Code: 43065-7448

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-153

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Bruce, G, ,

Mailing Address 465 Woodard Pl
Doctors Hosp

City: Powell | State: OH | Zip Code: 43065-7448

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-43

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Janice, C, ,

Mailing Address 3118 Portsmouth Ave

City: Cincinnati | State: OH | Zip Code: 45208-1613

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 ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-80

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Janice, C, ,

Mailing Address 3118 Portsmouth Ave

City: Cincinnati | State: OH | Zip Code: 45208-1613

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 ▼ 600.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-47

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Jones, Janice, C, ,
Mailing Address: 3118 Portsmouth Ave
City: Cincinnati | State: OH | Zip Code: 45208-1613
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 ▼: 600.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-45
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Jones, Janice, C, ,
Mailing Address: 3118 Portsmouth Ave
City: Cincinnati | State: OH | Zip Code: 45208-1613
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 ▼: 600.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-85
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Jones, Janice, C, ,
Mailing Address: 3118 Portsmouth Ave
City: Cincinnati | State: OH | Zip Code: 45208-1613
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 ▼: 600.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-154
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Janice, C, ,

Mailing Address 3118 Portsmouth Ave

City: Cincinnati | State: OH | Zip Code: 45208-1613

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 ▼ 600.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-68

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Kevin, M, ,

Mailing Address 117 Waterboro Sq

City: Folsom | State: CA | Zip Code: 95630-6766

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.49

Date of Receipt: 10 / 26 / 2017
Transaction ID : E3CB5418-DB01-4899-

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Kevin, M, ,

Mailing Address 117 Waterboro Sq

City: Folsom | State: CA | Zip Code: 95630-6766

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.49

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-354

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 223.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jouriles, Nicholas, John, ,

Mailing Address 398 Bentleyville Rd

City: Chagrin Falls | State: OH | Zip Code: 44022-2433

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medical Specialist Incorpora

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-54

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Juneja, Nadia, , ,

Mailing Address 1928 H St

City: Iowa City | State: IA | Zip Code: 52240-2029

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Care Consultants, PA

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 8C05ACC4877530CAC66

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kalley, Aida, A, ,

Mailing Address PO Box 115

City: Oakton | State: VA | Zip Code: 22124-0115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Virginia Emergency Medicine Associates

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4AC89D291064A305A883

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kalley, Aida, A, ,

Mailing Address PO Box 115

City: Oakton | State: VA | Zip Code: 22124-0115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Virginia Emergency Medicine Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4015AE13DCAF1D842E98

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kalley, Aida, A, ,

Mailing Address PO Box 115

City: Oakton | State: VA | Zip Code: 22124-0115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Virginia Emergency Medicine Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4751B46DEFDE3DA511AE

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kalley, Aida, A, ,

Mailing Address PO Box 115

City: Oakton | State: VA | Zip Code: 22124-0115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Virginia Emergency Medicine Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2017

Transaction ID : 4C6FA267A8E499481204

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kalley, Aida, A, ,

Mailing Address PO Box 115

City: Oakton | State: VA | Zip Code: 22124-0115

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Virginia Emergency Medicine Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 11 / D D 15 / Y Y Y Y 2017

Transaction ID : 462D904B9115AC1EF2AA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kamat, Achyut, B, ,

Mailing Address 19 Everett Ave

City: Providence | State: RI | Zip Code: 02906-3321

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-56

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kanter, Marc, P, ,

Mailing Address 5 Deerfield Ln

City: Katonah | State: NY | Zip Code: 10536-3620

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 ▼ 450.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-57

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Giao, N, ,

Mailing Address 3325 223rd Ave SE

City: Sammamish | State: WA | Zip Code: 98075-7220

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-6

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 4D91856E77F416BD232B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 440B8A1B8FAB0DC4730A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 4A77BDDEB2F3B5646F5B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 480B97D644778AF93FFB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 46FF95A0621735092BE1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 4E87A6FE182D24C5A1C2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kaplan, Julius (Jay), A, ,

Mailing Address 512 Arabella St

City: New Orleans | State: LA | Zip Code: 70115-2031

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-163

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karber, Nathan, P, ,

Mailing Address 8525 E 50th Dr

City: Denver | State: CO | Zip Code: 80238-3593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-223

Amount of Each Receipt this Period: 8.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 181.64

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Karber, Nathan, P, ,
Mailing Address: 8525 E 50th Dr
City: Denver | State: CO | Zip Code: 80238-3593
FEC ID number of contributing federal political committee.: C
Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017
Transaction ID : 4826864941A2CA2EB723
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Karber, Nathan, P, ,
Mailing Address: 8525 E 50th Dr
City: Denver | State: CO | Zip Code: 80238-3593
FEC ID number of contributing federal political committee.: C
Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017
Transaction ID : 20170814155826-86
Amount of Each Receipt this Period: 8.33
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Karber, Nathan, P, ,
Mailing Address: 8525 E 50th Dr
City: Denver | State: CO | Zip Code: 80238-3593
FEC ID number of contributing federal political committee.: C
Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: M M 08 / D D 21 / Y Y Y Y 2017
Transaction ID : 483C9D8FFF93E489AF7C
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karber, Nathan, P, ,

Mailing Address 8525 E 50th Dr

City: Denver | State: CO | Zip Code: 80238-3593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-93

Amount of Each Receipt this Period: 8.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karber, Nathan, P, ,

Mailing Address 8525 E 50th Dr

City: Denver | State: CO | Zip Code: 80238-3593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 4B3AB54E7915F96BC34C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karber, Nathan, P, ,

Mailing Address 8525 E 50th Dr

City: Denver | State: CO | Zip Code: 80238-3593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-164

Amount of Each Receipt this Period: 8.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 116.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Karber, Nathan, P, ,
Mailing Address: 8525 E 50th Dr
City: Denver | State: CO | Zip Code: 80238-3593
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: M M 10 / D D 21 / Y Y Y Y 2017
Transaction ID : 45459BB92F55BE159DE2
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Karber, Nathan, P, ,
Mailing Address: 8525 E 50th Dr
City: Denver | State: CO | Zip Code: 80238-3593
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017
Transaction ID : 201711121454-111
Amount of Each Receipt this Period: 8.33
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Karber, Nathan, P, ,
Mailing Address: 8525 E 50th Dr
City: Denver | State: CO | Zip Code: 80238-3593
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1100.00
Date of Receipt: M M 11 / D D 21 / Y Y Y Y 2017
Transaction ID : 4D6BB276CFF4B16F3567
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karber, Nathan, P, ,

Mailing Address 8525 E 50th Dr

City: Denver | State: CO | Zip Code: 80238-3593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-99

Amount of Each Receipt this Period: 8.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Karber, Nathan, P, ,

Mailing Address 8525 E 50th Dr

City: Denver | State: CO | Zip Code: 80238-3593

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 46DEB1E27022E2E9FC28

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kasarda, David, C, ,

Mailing Address 1772 Eaglecrest Ct

City: Laramie | State: WY | Zip Code: 82072-3401

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 ▼ 400.00

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-207

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 308.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katan, Brian, Scott, ,

Mailing Address 10 Stephens Ct

City: Trophy Club | State: TX | Zip Code: 76262-5421

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 323.84

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-94

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katan, Brian, Scott, ,

Mailing Address 10 Stephens Ct

City: Trophy Club | State: TX | Zip Code: 76262-5421

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 323.84

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-165

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katan, Brian, Scott, ,

Mailing Address 10 Stephens Ct

City: Trophy Club | State: TX | Zip Code: 76262-5421

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 323.84

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-112

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.01

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katan, Brian, Scott, ,

Mailing Address 10 Stephens Ct

City: Trophy Club | State: TX | Zip Code: 76262-5421

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 323.84

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-100

Amount of Each Receipt this Period: 16.63

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katan, Brian, Scott, ,

Mailing Address 10 Stephens Ct

City: Trophy Club | State: TX | Zip Code: 76262-5421

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 323.84

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-801

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katz, Gary, R, ,

Mailing Address 7195 Wilton Chase

City: Dublin | State: OH | Zip Code: 43017-7079

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2017

Transaction ID : 44EB95A6D4EBE8A5FD64

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 389.94

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Katz, Gary, R, ,

Mailing Address 7195 Wilton Chase

City: Dublin | State: OH | Zip Code: 43017-7079

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 4F2AAD50E9F0AB720B43

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keaton, Brian, F, ,

Mailing Address 164 Silver Valley Blvd

City: Munroe Falls | State: OH | Zip Code: 44262-1084

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Summa Emergency Associates Incorporate
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 5A02CEAC533F3DE0940

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keay, Catharine, R, ,

Mailing Address 16110 E Shore Dr
A

City: Lynnwood | State: WA | Zip Code: 98087-6628

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Sound Emergency Medicine
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 85FAC226BF26F8D6852

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Keller, Noah, L, ,

Mailing Address 10119 Easterday Ct

City: Hagerstown | State: MD | Zip Code: 21742-9791

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2017

Transaction ID : D2DC21AD5AC8EF83FEE

Amount of Each Receipt this Period: 1200.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelley, Brian, M, ,

Mailing Address 56 Ponderosa Ln

City: Palmyra | State: VA | Zip Code: 22963-2407

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 ▼ 666.64

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-81

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelley, Brian, M, ,

Mailing Address 56 Ponderosa Ln

City: Palmyra | State: VA | Zip Code: 22963-2407

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 ▼ 666.64

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-48

Amount of Each Receipt this Period: 83.33

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1366.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kelly, Catherine, , ,

Mailing Address 14 Forest Ln

City: Westbury | State: NY | Zip Code: 11590-6533

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 ▼ 365.00

Date of Receipt: 10 / 28 / 2017
Transaction ID : 2017111010353-60

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kenley, Eric, S, ,

Mailing Address 1948 Cambridge Pl

City: Walnut Creek | State: CA | Zip Code: 94598-1111

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 215.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-362

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kerrigan, Kathleen, , ,

Mailing Address 195 Eton Rd

City: Longmeadow | State: MA | Zip Code: 01106-1515

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baystate Medical Center Emergency Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 11 / 06 / 2017
Transaction ID : 48E3AC6BCC32D14782F4

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 538.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kerrigan, Kathleen, , ,

Mailing Address 195 Eton Rd

City: Longmeadow | State: MA | Zip Code: 01106-1515

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Baystate Medical Center Emergency Phys

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 12 / D D 06 / Y Y Y Y 2017

Transaction ID : 4F1FB258A631C69BF17B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kessler, Stuart, Gary, ,

Mailing Address 30 Crossridge Cir

City: Marlboro | State: NJ | Zip Code: 07746-1963

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 ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-61

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kijac, Amanda, , ,

Mailing Address 22650 SE 270th Pl

City: Maple Valley | State: WA | Zip Code: 98038-6815

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Eastside Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-2

Amount of Each Receipt this Period: 900.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kirilichin, Natalie, L, ,

Mailing Address 811 4th St NW
Unit 707

City: Washington | State: DC | Zip Code: 20001-4918

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 ▼ 800.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 7F3B9FEA7AA04EA37E1

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kivela, Paul, Daniel, ,

Mailing Address 1370 Trancas St
336

City: Napa | State: CA | Zip Code: 94558-2912

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Napa Valley Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 13 / 2017

Transaction ID : 4DED870F36670DFA2A78

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kivela, Paul, Daniel, ,

Mailing Address 1370 Trancas St
336

City: Napa | State: CA | Zip Code: 94558-2912

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Napa Valley Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 13 / 2017

Transaction ID : 4DB191453A7E405BCBE5

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Klauer, Kevin, Michael, ,
Mailing Address: 2006 Still Water Ln
City: Knoxville | State: TN | Zip Code: 37922-5657
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 ▼: 2100.00
Date of Receipt: 07 / 04 / 2017
Transaction ID : 480C98575746FD62C5A6
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Klauer, Kevin, Michael, ,
Mailing Address: 2006 Still Water Ln
City: Knoxville | State: TN | Zip Code: 37922-5657
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 ▼: 2100.00
Date of Receipt: 09 / 23 / 2017
Transaction ID : C96B1C7C-A60B-4A9F-
Amount of Each Receipt this Period: 1200.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Klauer, Kevin, Michael, ,
Mailing Address: 2006 Still Water Ln
City: Knoxville | State: TN | Zip Code: 37922-5657
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 ▼: 2100.00
Date of Receipt: 10 / 04 / 2017
Transaction ID : E1E7F3147EDC49DEBB0D
Amount of Each Receipt this Period: – 300.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1200.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Klauer, Kevin, Michael, ,

Mailing Address 2006 Still Water Ln

City: Knoxville | State: TN | Zip Code: 37922-5657

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 ▼ 2100.00

Date of Receipt: M M 10 / D D 04 / Y Y Y Y 2017

Transaction ID : 4E058762678C8C8667F1

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kleinman, Jacob, , ,

Mailing Address 6014 Bryant St

City: Pittsburgh | State: PA | Zip Code: 15206-1740

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 ▼ 300.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-46

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kleinman, Jacob, , ,

Mailing Address 6014 Bryant St

City: Pittsburgh | State: PA | Zip Code: 15206-1740

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 ▼ 300.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-86

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kleinman, Jacob, , ,

Mailing Address 6014 Bryant St

City: Pittsburgh | State: PA | Zip Code: 15206-1740

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 ▼ 300.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-155

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kleinman, Jacob, , ,

Mailing Address 6014 Bryant St

City: Pittsburgh | State: PA | Zip Code: 15206-1740

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 ▼ 300.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-66

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Klever, Robert, , , Jr

Mailing Address 370 Lincoln Rd

City: Grosse Pointe | State: MI | Zip Code: 48230-1607

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Medical Center Emergency Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4399B62720B5563FD37D

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Knowles, Heidi, C, ,

Mailing Address 11901 Ridge Rd

City: Forney | State: TX | Zip Code: 75126-5825

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Service Partners
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-62

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koboldt, Timothy, J, ,

Mailing Address 3205 Crape Myrtle Dr

City: Columbia | State: MO | Zip Code: 65203-7040

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 ▼ 364.92

Date of Receipt: M M 07 / D D 16 / Y Y Y Y 2017

Transaction ID : 44A7BDB22843BEB6D45F

Amount of Each Receipt this Period: 30.41

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koboldt, Timothy, J, ,

Mailing Address 3205 Crape Myrtle Dr

City: Columbia | State: MO | Zip Code: 65203-7040

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 ▼ 364.92

Date of Receipt: M M 08 / D D 16 / Y Y Y Y 2017

Transaction ID : 43F592E4E126871A6DDA

Amount of Each Receipt this Period: 30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1260.82

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Koboldt, Timothy, J, ,
Mailing Address: 3205 Crape Myrtle Dr
City: Columbia | State: MO | Zip Code: 65203-7040
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 ▼: 364.92
Date of Receipt: 09 / 16 / 2017
Transaction ID : 4FCBBB2A7AEAE7A42EF3
Amount of Each Receipt this Period: 30.41
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Koboldt, Timothy, J, ,
Mailing Address: 3205 Crape Myrtle Dr
City: Columbia | State: MO | Zip Code: 65203-7040
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 ▼: 364.92
Date of Receipt: 10 / 16 / 2017
Transaction ID : 41ADB2D9FD133777F46F
Amount of Each Receipt this Period: 30.41
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Koboldt, Timothy, J, ,
Mailing Address: 3205 Crape Myrtle Dr
City: Columbia | State: MO | Zip Code: 65203-7040
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 ▼: 364.92
Date of Receipt: 11 / 16 / 2017
Transaction ID : 4BF0A414B9124564A95C
Amount of Each Receipt this Period: 30.41
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 91.23

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koboldt, Timothy, J, ,

Mailing Address 3205 Crape Myrtle Dr

City: Columbia | State: MO | Zip Code: 65203-7040

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 ▼ 364.92

Date of Receipt: 12 / 16 / 2017
Transaction ID : 479D81BA17514B449A02

Amount of Each Receipt this Period: 30.41

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Korvek, Scott, Jason, ,

Mailing Address 441 Collings Ave

City: Oaklyn | State: NJ | Zip Code: 08107-1605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 07 / 15 / 2017
Transaction ID : 4763BE56AD80D49EC036

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Korvek, Scott, Jason, ,

Mailing Address 441 Collings Ave

City: Oaklyn | State: NJ | Zip Code: 08107-1605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 08 / 15 / 2017
Transaction ID : 43F5A5F3ABC828B5F529

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 230.41

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Korvek, Scott, Jason, ,

Mailing Address 441 Collings Ave

City: Oaklyn | State: NJ | Zip Code: 08107-1605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 481AA38DCFFEC59558DB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Korvek, Scott, Jason, ,

Mailing Address 441 Collings Ave

City: Oaklyn | State: NJ | Zip Code: 08107-1605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : DC54607CB194A5684C9

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kowalenko, Terry, , ,

Mailing Address 4619 Oak Pointe Dr

City: Brighton | State: MI | Zip Code: 48116-7728

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 ▼ 900.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 42098E4232AFCFBCED48

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kowalenko, Terry, , ,

Mailing Address 4619 Oak Pointe Dr

City: Brighton | State: MI | Zip Code: 48116-7728

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 ▼ 900.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4CC197ECA5B29C9350E7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kowalenko, Terry, , ,

Mailing Address 4619 Oak Pointe Dr

City: Brighton | State: MI | Zip Code: 48116-7728

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 ▼ 900.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 42B5B1C43BC52E95604C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozak, Paul, Andrew, ,

Mailing Address 29445 N 64th St

City: Cave Creek | State: AZ | Zip Code: 85331-6572

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 ▼ 900.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4EE88C8AE46AB2BDCDB8

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozak, Paul, Andrew, ,

Mailing Address 29445 N 64th St

City: Cave Creek | State: AZ | Zip Code: 85331-6572

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 ▼ 900.00

Date of Receipt: 08 / 15 / 2017

Transaction ID : 430CB6CC063CD9EEC456

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozak, Paul, Andrew, ,

Mailing Address 29445 N 64th St

City: Cave Creek | State: AZ | Zip Code: 85331-6572

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 ▼ 900.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 433BB1C202396151A341

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kraus, Chadd, K, ,

Mailing Address 1495 Smoketown Rd

City: Lewisburg | State: PA | Zip Code: 17837-7085

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 ▼ 456.26

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-63

Amount of Each Receipt this Period: 365.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 565.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-83

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-50

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-47

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 10 / 24 / 2017
Transaction ID : 2017102616815-16

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-87

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-156

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kuchinski, Joseph, J, ,

Mailing Address 5869 Heaven View Dr

City: Las Vegas | State: NV | Zip Code: 89135-1296

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 ▼ 1400.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-73

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurtz, Alicia, Mikolaycik, ,

Mailing Address 6350 Christie Ave
Apt 223

City: Emeryville | State: CA | Zip Code: 94608-2280

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 ▼ 260.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-382

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kwun, Richard, , ,

Mailing Address 1410 W Lake Sammamish Pkwy SE

City: Bellevue | State: WA | Zip Code: 98008-5218

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-30

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1373.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lairet, Julio, Rafael, ,

Mailing Address 2291 Grady Ridge Dr

City: Duluth | State: GA | Zip Code: 30097-5255

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2017

Transaction ID : 6187DD71-5E99-49DF-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
LaLonde, Daniel, Thomas Wilson, ,

Mailing Address 12831 Wendover Dr

City: Plymouth | State: MI | Zip Code: 48170-8228

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Independent Emergency Physicians, P C
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 273.75

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 414E90AA054DEDD0AFFD

Amount of Each Receipt this Period: 91.25

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, David, , ,

Mailing Address 6633 Silver Fox Rd

City: Charlotte | State: NC | Zip Code: 28270-0683

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 ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-84

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1374.58

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, David, , ,

Mailing Address 6633 Silver Fox Rd

City: Charlotte | State: NC | Zip Code: 28270-0683

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 ▼ 999.96

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-51

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, David, , ,

Mailing Address 6633 Silver Fox Rd

City: Charlotte | State: NC | Zip Code: 28270-0683

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 ▼ 999.96

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-48

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, David, , ,

Mailing Address 6633 Silver Fox Rd

City: Charlotte | State: NC | Zip Code: 28270-0683

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 ▼ 999.96

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-88

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, David, , ,

Mailing Address 6633 Silver Fox Rd

City: Charlotte | State: NC | Zip Code: 28270-0683

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 ▼ 999.96

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-157

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lancaster, David, , ,

Mailing Address 6633 Silver Fox Rd

City: Charlotte | State: NC | Zip Code: 28270-0683

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 ▼ 999.96

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-55

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Land, Larry, Lee, ,

Mailing Address 10014 Hazelnut Ct

City: Tampa | State: FL | Zip Code: 33647-3711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt: 07 / 13 / 2017

Transaction ID : 4D4DB92F7D39E798C8E0

Amount of Each Receipt this Period: 208.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 374.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Land, Larry, Lee, ,
Mailing Address: 10014 Hazelnut Ct
City: Tampa | State: FL | Zip Code: 33647-3711
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Tampa Bay Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2083.30
Date of Receipt: 08 / 13 / 2017
Transaction ID : 4228B609D28BE3F78B4A
Amount of Each Receipt this Period: 208.33
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Land, Larry, Lee, ,
Mailing Address: 10014 Hazelnut Ct
City: Tampa | State: FL | Zip Code: 33647-3711
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Tampa Bay Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2083.30
Date of Receipt: 09 / 13 / 2017
Transaction ID : 43F4B164C0EEB8855BCF
Amount of Each Receipt this Period: 208.33
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Land, Larry, Lee, ,
Mailing Address: 10014 Hazelnut Ct
City: Tampa | State: FL | Zip Code: 33647-3711
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Tampa Bay Emergency Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 2083.30
Date of Receipt: 10 / 13 / 2017
Transaction ID : 402CB8FE12AF90E7428C
Amount of Each Receipt this Period: 208.33
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 624.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Land, Larry, Lee, ,

Mailing Address 10014 Hazelnut Ct

City: Tampa | State: FL | Zip Code: 33647-3711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt: M M 11 / D D 13 / Y Y Y Y 2017

Transaction ID : 4AEB969ED5BF9EB6614D

Amount of Each Receipt this Period: 208.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Land, Larry, Lee, ,

Mailing Address 10014 Hazelnut Ct

City: Tampa | State: FL | Zip Code: 33647-3711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 4445AED2F63A8F64057B

Amount of Each Receipt this Period: 208.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lassiter, Richard, Gray, ,

Mailing Address 1337 Fairview Rd NE

City: Atlanta | State: GA | Zip Code: 30306-4609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-665

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 489.97

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Linda, L, ,

Mailing Address 4670 Armandale Ave NW

City: Canton | State: OH | Zip Code: 44718-4065

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2017

Transaction ID : 4111B67116B92B5497A1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Linda, L, ,

Mailing Address 4670 Armandale Ave NW

City: Canton | State: OH | Zip Code: 44718-4065

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 10 / Y Y Y Y 2017

Transaction ID : 4168A3E5E0B33BADC6C7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Linda, L, ,

Mailing Address 4670 Armandale Ave NW

City: Canton | State: OH | Zip Code: 44718-4065

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2017

Transaction ID : 458392C13F019C9B6AAA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Linda, L, ,

Mailing Address 4670 Armandale Ave NW

City: Canton | State: OH | Zip Code: 44718-4065

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2017

Transaction ID : 439FBF195E776C7F0E46

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Linda, L, ,

Mailing Address 4670 Armandale Ave NW

City: Canton | State: OH | Zip Code: 44718-4065

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : 407ABD81059338E6D8CA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lawrence, Linda, L, ,

Mailing Address 4670 Armandale Ave NW

City: Canton | State: OH | Zip Code: 44718-4065

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4083AB5DB95C2BCB8C41

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-17

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-12

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-24

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-25

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-12

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-42

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leader, David, L, , Jr

Mailing Address 1937 Partridge Berry Dr

City: Raleigh | State: NC | Zip Code: 27606-9695

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-113

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lee, David, Marshall, ,

Mailing Address 12489 Shropshire Ln

City: San Diego | State: CA | Zip Code: 92128-1015

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-430

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lem, Wilson, Wong, ,

Mailing Address 321 Cherry St

City: San Francisco | State: CA | Zip Code: 94118-1619

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-387

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 196.62

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lema, Penelope Chun, , ,

Mailing Address 81 Cleveland Ave

City: Buffalo | State: NY | Zip Code: 14222-1609

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 ▼ 500.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-66

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lempert, Hamilton, H, ,

Mailing Address 406 Meadow Ln

City: Cincinnati | State: OH | Zip Code: 45215-4125

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2017

Transaction ID : 7921D448-FA6E-4AA6-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Leonard, Thomas, K, ,

Mailing Address 9924 SW 52nd Rd

City: Gainesville | State: FL | Zip Code: 32608-7105

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 ▼ 300.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 201709051354-37

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Levi, Allison, , ,

Mailing Address 814 Cowper Dr

City: Raleigh | State: NC | Zip Code: 27608-2312

FEC 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 ▼ 240.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-43

Amount of Each Receipt this Period: 20.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Levi, Allison, , ,

Mailing Address 814 Cowper Dr

City: Raleigh | State: NC | Zip Code: 27608-2312

FEC 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 ▼ 240.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-114

Amount of Each Receipt this Period: 20.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Levine, David, Alexander, ,

Mailing Address 1453 Ridgemont Trl

City: Hinckley | State: OH | Zip Code: 44233-9211

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 ▼ 250.00

Date of Receipt: M M 10 / D D 24 / Y Y Y Y 2017

Transaction ID : 2017102616815-17

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 240.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Heather, K, ,

Mailing Address 2001 Shingleback Dr

City: Wake Forest | State: NC | Zip Code: 27587-6554

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-27

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Heather, K, ,

Mailing Address 2001 Shingleback Dr

City: Wake Forest | State: NC | Zip Code: 27587-6554

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-14

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Heather, K, ,

Mailing Address 2001 Shingleback Dr

City: Wake Forest | State: NC | Zip Code: 27587-6554

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-44

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Heather, K, ,

Mailing Address 2001 Shingleback Dr

City: Wake Forest | State: NC | Zip Code: 27587-6554

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-115

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewis, Margaret, , ,

Mailing Address 2561 Cozy Cove Dr

City: York | State: SC | Zip Code: 29745-9233

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 ▼ 300.00

Date of Receipt: M M 09 / D D 02 / Y Y Y Y 2017

Transaction ID : 201709111453-224

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Li, Gary, Alan, ,

Mailing Address 215 Vista De Sierra

City: Los Gatos | State: CA | Zip Code: 95030-6320

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-396

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 198.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lloyd, Christopher, M, ,

Mailing Address 2286 Picket Post Ln

City: Columbus | State: OH | Zip Code: 43220-2918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-85

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lloyd, Christopher, M, ,

Mailing Address 2286 Picket Post Ln

City: Columbus | State: OH | Zip Code: 43220-2918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-52

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lloyd, Christopher, M, ,

Mailing Address 2286 Picket Post Ln

City: Columbus | State: OH | Zip Code: 43220-2918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-49

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lloyd, Christopher, M, ,

Mailing Address 2286 Picket Post Ln

City: Columbus | State: OH | Zip Code: 43220-2918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-89

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lloyd, Christopher, M, ,

Mailing Address 2286 Picket Post Ln

City: Columbus | State: OH | Zip Code: 43220-2918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-158

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lloyd, Christopher, M, ,

Mailing Address 2286 Picket Post Ln

City: Columbus | State: OH | Zip Code: 43220-2918

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians of Frank

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-48

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Loar, Jesse, , ,
Mailing Address: 2554 E Maplewood Ave
City: Centennial | State: CO | Zip Code: 80121-2820
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 ▼: 354.10
Date of Receipt: 08 / 11 / 2017
Transaction ID : 4D259EC3EBF2860B573F
Amount of Each Receipt this Period: 30.41
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Loar, Jesse, , ,
Mailing Address: 2554 E Maplewood Ave
City: Centennial | State: CO | Zip Code: 80121-2820
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 ▼: 354.10
Date of Receipt: 09 / 01 / 2017
Transaction ID : 201709111453-107
Amount of Each Receipt this Period: 4.17
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Loar, Jesse, , ,
Mailing Address: 2554 E Maplewood Ave
City: Centennial | State: CO | Zip Code: 80121-2820
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 ▼: 354.10
Date of Receipt: 09 / 11 / 2017
Transaction ID : 4196A54D034B45B75351
Amount of Each Receipt this Period: 30.41
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 64.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loar, Jesse, , ,

Mailing Address 2554 E Maplewood Ave

City: Centennial | State: CO | Zip Code: 80121-2820

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 ▼ 354.10

Date of Receipt: 10 / 01 / 2017

Transaction ID : 2017101523203-186

Amount of Each Receipt this Period: 4.17

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loar, Jesse, , ,

Mailing Address 2554 E Maplewood Ave

City: Centennial | State: CO | Zip Code: 80121-2820

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 ▼ 354.10

Date of Receipt: 10 / 11 / 2017

Transaction ID : 44AC83CAD222ED075517

Amount of Each Receipt this Period: 30.41

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Loar, Jesse, , ,

Mailing Address 2554 E Maplewood Ave

City: Centennial | State: CO | Zip Code: 80121-2820

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 ▼ 354.10

Date of Receipt: 11 / 11 / 2017

Transaction ID : 40469167A29B46F84197

Amount of Each Receipt this Period: 30.41

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 64.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Loar, Jesse, , ,
Mailing Address: 2554 E Maplewood Ave
City: Centennial | State: CO | Zip Code: 80121-2820
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 ▼: 354.10
Date of Receipt: 11 / 21 / 2017
Transaction ID : 2017120310354-55
Amount of Each Receipt this Period: 4.17
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Loar, Jesse, , ,
Mailing Address: 2554 E Maplewood Ave
City: Centennial | State: CO | Zip Code: 80121-2820
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 ▼: 354.10
Date of Receipt: 12 / 01 / 2017
Transaction ID : 2017121020205-114
Amount of Each Receipt this Period: 4.17
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Loar, Jesse, , ,
Mailing Address: 2554 E Maplewood Ave
City: Centennial | State: CO | Zip Code: 80121-2820
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 ▼: 354.10
Date of Receipt: 12 / 11 / 2017
Transaction ID : 4D5E9A4223FD762AA161
Amount of Each Receipt this Period: 30.41
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 38.75

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lombino, Donald, , ,

Mailing Address 22 Connecticut Ave

City: Greenwich | State: CT | Zip Code: 06830-5736

FEC 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 ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-86

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lombino, Donald, , ,

Mailing Address 22 Connecticut Ave

City: Greenwich | State: CT | Zip Code: 06830-5736

FEC 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 ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-53

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lombino, Donald, , ,

Mailing Address 22 Connecticut Ave

City: Greenwich | State: CT | Zip Code: 06830-5736

FEC 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 ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-50

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lombino, Donald, , ,

Mailing Address 22 Connecticut Ave

City: Greenwich | State: CT | Zip Code: 06830-5736

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-90

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lombino, Donald, , ,

Mailing Address 22 Connecticut Ave

City: Greenwich | State: CT | Zip Code: 06830-5736

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-159

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lombino, Donald, , ,

Mailing Address 22 Connecticut Ave

City: Greenwich | State: CT | Zip Code: 06830-5736

FEC 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 ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-61

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Long, Corey, M, ,

Mailing Address 6511 Raymond St

City: Oakland | State: CA | Zip Code: 94609-1126

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M 12 / D 18 / Y 2017

Transaction ID : 2018010418353-404

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lotterman, Seth, A, ,

Mailing Address 7 Willow Ln

City: West Hartford | State: CT | Zip Code: 06107-1149

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M 08 / D 22 / Y 2017

Transaction ID : 4FD1AAEAE6EFBD33B14D

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lotterman, Seth, A, ,

Mailing Address 7 Willow Ln

City: West Hartford | State: CT | Zip Code: 06107-1149

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M 11 / D 22 / Y 2017

Transaction ID : 4D4F92B0EA0D7FD26193

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 673.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lowien, Nathan, , ,

Mailing Address 11114 Rosewood Ln

City: Athens | State: OH | Zip Code: 45701-9001

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 ▼ 1400.00

Date of Receipt: 07 / 31 / 2017
Transaction ID : 20170806104321-54

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ludlow, John, Thomas, ,

Mailing Address 1002 Carolyn Ave

City: Modesto | State: CA | Zip Code: 95350-5212

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: 10 / 27 / 2017
Transaction ID : 4F45891B-45F9-4086-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ludlow, John, Thomas, ,

Mailing Address 1002 Carolyn Ave

City: Modesto | State: CA | Zip Code: 95350-5212

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-407

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1473.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lukasek, Katie, , ,

Mailing Address 125 Edinburgh Ct

City: Roseville | State: CA | Zip Code: 95661-6054

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 31 / Y Y Y Y 2017

Transaction ID : 20170806104321-55

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lukasek, Katie, , ,

Mailing Address 125 Edinburgh Ct

City: Roseville | State: CA | Zip Code: 95661-6054

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-408

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lukens, Thomas, W, ,

Mailing Address 15503 Clifton Blvd

City: Lakewood | State: OH | Zip Code: 44107-2411

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Metro Health Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 18 / Y Y Y Y 2017

Transaction ID : 2F04D8E0-5E49-42CC-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1473.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lum, Donald, L, ,

Mailing Address 1324 Liberty Ct

City: Northfield | State: MN | Zip Code: 55057-2915

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northfield Hospital Emergency Departme

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 8AB9AAC1C79D68836CF

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lyman, John, L, ,

Mailing Address 8281 Rhine Way

City: Dayton | State: OH | Zip Code: 45458-3013

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Physician Services

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4C49AA4243EC3D02FAFB

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lyman, John, L, ,

Mailing Address 8281 Rhine Way

City: Dayton | State: OH | Zip Code: 45458-3013

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Physician Services

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 49FFAC12DCBCA9138FC1

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lyman, John, L, ,

Mailing Address 8281 Rhine Way

City: Dayton | State: OH | Zip Code: 45458-3013

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 41079C9ECCB70DC59364

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lynch, Melissa, , ,

Mailing Address 16040 Escobar Ave

City: Los Gatos | State: CA | Zip Code: 95032-3647

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-412

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mace, Sharon, E, ,

Mailing Address 11961 Laurel Rd

City: Chesterland | State: OH | Zip Code: 44026-1757

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-70

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1323.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MacLean, Craig, Anthony, ,

Mailing Address 64 Newfields Rd

City: Exeter | State: NH | Zip Code: 03833-4542

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 ▼ 1108.33

Date of Receipt: M M 08 / D D 07 / Y Y Y Y 2017

Transaction ID : 454DB7D34DE6722A435B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MacLean, Craig, Anthony, ,

Mailing Address 64 Newfields Rd

City: Exeter | State: NH | Zip Code: 03833-4542

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 ▼ 1108.33

Date of Receipt: M M 09 / D D 07 / Y Y Y Y 2017

Transaction ID : 45FDBC6B938A02866065

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MacLean, Craig, Anthony, ,

Mailing Address 64 Newfields Rd

City: Exeter | State: NH | Zip Code: 03833-4542

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 ▼ 1108.33

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2017

Transaction ID : 4A4596F6FB7011BA6467

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MacLean, Craig, Anthony, ,

Mailing Address 64 Newfields Rd

City: Exeter | State: NH | Zip Code: 03833-4542

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 ▼ 1108.33

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2017

Transaction ID : 4E29BAEEB07814BEA29C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MacLean, Craig, Anthony, ,

Mailing Address 64 Newfields Rd

City: Exeter | State: NH | Zip Code: 03833-4542

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 ▼ 1108.33

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 4FE9A15A242114D4196F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
MacLeod, Bruce, Alan, ,

Mailing Address 1515 Mohican Dr

City: Pittsburgh | State: PA | Zip Code: 15228-1615

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 23 / Y Y Y Y 2017

Transaction ID : 41789EC221AEB651BF9D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Madar, Merci, G, ,
Mailing Address: 7805 Valderrama Way
City: Lakewood Ranch | State: FL | Zip Code: 34202-5651
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-87
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Madar, Merci, G, ,
Mailing Address: 7805 Valderrama Way
City: Lakewood Ranch | State: FL | Zip Code: 34202-5651
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-54
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Madar, Merci, G, ,
Mailing Address: 7805 Valderrama Way
City: Lakewood Ranch | State: FL | Zip Code: 34202-5651
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-51
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Madar, Merci, G, ,

Mailing Address 7805 Valderrama Way

City: Lakewood Ranch | State: FL | Zip Code: 34202-5651

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-91

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Madar, Merci, G, ,

Mailing Address 7805 Valderrama Way

City: Lakewood Ranch | State: FL | Zip Code: 34202-5651

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-160

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Madar, Merci, G, ,

Mailing Address 7805 Valderrama Way

City: Lakewood Ranch | State: FL | Zip Code: 34202-5651

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): US Acute Care Solutions
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-82

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Magill, Thomas, Roland, ,

Mailing Address 3304 Winnipeg Dr

City: Bismarck | State: ND | Zip Code: 58503-0455

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 ▼ 250.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : C8C0F719-2296-4501-

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mandavia, Sujal, S, ,

Mailing Address 4532 Gainsborough Ave

City: Los Angeles | State: CA | Zip Code: 90027-1227

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 ▼ 600.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 47B08A254CE17330DFF4

Amount of Each Receipt this Period: 150.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mandavia, Sujal, S, ,

Mailing Address 4532 Gainsborough Ave

City: Los Angeles | State: CA | Zip Code: 90027-1227

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 ▼ 600.00

Date of Receipt: M M 10 / D D 15 / Y Y Y Y 2017

Transaction ID : 47C38251188F98B3C9AE

Amount of Each Receipt this Period: 150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 550.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mann, Courtney, H, ,

Mailing Address 6568 Wakefalls Dr

City: Wake Forest | State: NC | Zip Code: 27587-9593

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-28

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mann, Courtney, H, ,

Mailing Address 6568 Wakefalls Dr

City: Wake Forest | State: NC | Zip Code: 27587-9593

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-15

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mann, Courtney, H, ,

Mailing Address 6568 Wakefalls Dr

City: Wake Forest | State: NC | Zip Code: 27587-9593

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-45

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mann, Courtney, H, ,

Mailing Address 6568 Wakefalls Dr

City: Wake Forest | State: NC | Zip Code: 27587-9593

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-116

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manring, Erik, A, ,

Mailing Address 3100 Birnamwood Rd

City: Raleigh | State: NC | Zip Code: 27607-6702

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-29

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manring, Erik, A, ,

Mailing Address 3100 Birnamwood Rd

City: Raleigh | State: NC | Zip Code: 27607-6702

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-16

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manring, Erik, A, ,

Mailing Address 3100 Birnamwood Rd

City: Raleigh | State: NC | Zip Code: 27607-6702

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-46

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Manring, Erik, A, ,

Mailing Address 3100 Birnamwood Rd

City: Raleigh | State: NC | Zip Code: 27607-6702

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-117

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marco, Catherine, Anna, ,

Mailing Address 569 Calumet Pl

City: Beavercreek | State: OH | Zip Code: 45434-6287

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 ▼ 2400.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : 929532B2-B786-4401-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1250.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marco, Catherine, Anna, ,

Mailing Address 569 Calumet Pl

City: Beavercreek | State: OH | Zip Code: 45434-6287

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 ▼ 2400.00

Date of Receipt: M M 10 / D D 26 / Y Y Y Y 2017

Transaction ID : D09679B1B9EE0B383EC

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City: Fairlawn | State: OH | Zip Code: 44333-3288

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-88

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City: Fairlawn | State: OH | Zip Code: 44333-3288

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-55

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City: Fairlawn | State: OH | Zip Code: 44333-3288

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-52

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City: Fairlawn | State: OH | Zip Code: 44333-3288

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-92

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City: Fairlawn | State: OH | Zip Code: 44333-3288

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-161

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Markowski, Kevin, D, ,

Mailing Address 572 White Tail Ridge Dr

City: Fairlawn | State: OH | Zip Code: 44333-3288

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-76

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marshall, Heather, Anne, ,

Mailing Address 3815 Eastside St
Apt 8025

City: Houston | State: TX | Zip Code: 77098-3846

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 ▼ 800.00

Date of Receipt: M M 10 / D D 11 / Y Y Y Y 2017

Transaction ID : 2017102216508-13

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Marshall, Heather, Anne, ,

Mailing Address 3815 Eastside St
Apt 8025

City: Houston | State: TX | Zip Code: 77098-3846

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 ▼ 800.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 201801041953-70

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martens, Suzanne, Jean, ,

Mailing Address 38 Lake Breeze Ln

City: Random Lake | State: WI | Zip Code: 53075-1679

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 ▼ 1000.00

Date of Receipt: 07 / 17 / 2017
Transaction ID : 20170721162819-470

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: 07 / 01 / 2017
Transaction ID : 20170721162819-71

Amount of Each Receipt this Period: 8.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: 08 / 01 / 2017
Transaction ID : 20170814155826-104

Amount of Each Receipt this Period: 8.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 516.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: M M 08 / D D 24 / Y Y Y Y 2017

Transaction ID : 4738BB589324299DF526

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-117

Amount of Each Receipt this Period: 8.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-200

Amount of Each Receipt this Period: 8.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 316.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-138

Amount of Each Receipt this Period: 8.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: M M 11 / D D 24 / Y Y Y Y 2017

Transaction ID : 47B9841FB277DEA96A06

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mattke, Angela, F, ,

Mailing Address 1080 Pebblebrook Rd SE

City: Mableton | State: GA | Zip Code: 30126-5612

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 ▼ 1300.00

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-121

Amount of Each Receipt this Period: 8.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 316.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mayz, Kurtis, A, ,

Mailing Address 13015 Conifer St

City: Plainfield | State: IL | Zip Code: 60585-2989

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: M M 08 / D D 23 / Y Y Y Y 2017

Transaction ID : 45A0A5868E14015E9DE3

Amount of Each Receipt this Period: 91.25

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mayz, Kurtis, A, ,

Mailing Address 13015 Conifer St

City: Plainfield | State: IL | Zip Code: 60585-2989

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2017

Transaction ID : 433B81EA6A1521322563

Amount of Each Receipt this Period: 91.25

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McBride, Ryan, , ,

Mailing Address 2121 K St NW
Acep Washington OfficeSte 325

City: Washington | State: DC | Zip Code: 20586-0001

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 ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 203877C323843A337EF

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 432.50

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCaskill, Michael, F, ,

Mailing Address 436 Timber Ln

City: Grants Pass | State: OR | Zip Code: 97526-8938

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 ▼ 400.00

Date of Receipt: 08 / 07 / 2017
Transaction ID : 20170814155826-256

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCourt, John, , ,

Mailing Address 9436 Steeplehill Dr

City: Las Vegas | State: NV | Zip Code: 89117-7270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-89

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCourt, John, , ,

Mailing Address 9436 Steeplehill Dr

City: Las Vegas | State: NV | Zip Code: 89117-7270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-56

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCourt, John, , ,

Mailing Address 9436 Steeplehill Dr

City: Las Vegas | State: NV | Zip Code: 89117-7270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-53

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCourt, John, , ,

Mailing Address 9436 Steeplehill Dr

City: Las Vegas | State: NV | Zip Code: 89117-7270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-93

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCourt, John, , ,

Mailing Address 9436 Steeplehill Dr

City: Las Vegas | State: NV | Zip Code: 89117-7270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-162

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCourt, John, , ,

Mailing Address 9436 Steeplehill Dr

City: Las Vegas | State: NV | Zip Code: 89117-7270

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-65

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCrea, Michael, , ,

Mailing Address 13100 Five Point Rd

City: Perrysburg | State: OH | Zip Code: 43551-1340

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 14 / 2017

Transaction ID : 4F08AE254902F8859BBC

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCrea, Michael, , ,

Mailing Address 13100 Five Point Rd

City: Perrysburg | State: OH | Zip Code: 43551-1340

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 40F7B66679A5E40EF6D0

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCullough, Sarah, , ,

Mailing Address 3304 Winnipeg Dr

City: Bismarck | State: ND | Zip Code: 58503-0455

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 ▼ 250.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 5DBEFCF2-9BEF-4AB0-

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCurdy, Robert, , ,

Mailing Address 7297 Summit Rdg

City: Brighton | State: MI | Zip Code: 48116-8277

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 ▼ 216.63

Date of Receipt: M M 12 / D D 20 / Y Y Y Y 2017

Transaction ID : 201801041953-1

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCutcheon, Edward, , ,

Mailing Address 605 McDonald Ave

City: Charlotte | State: NC | Zip Code: 28203-5323

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 ▼ 1320.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-90

Amount of Each Receipt this Period: 110.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 560.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCutcheon, Edward, , ,

Mailing Address 605 McDonald Ave

City: Charlotte | State: NC | Zip Code: 28203-5323

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 ▼ 1320.00

Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-57

Amount of Each Receipt this Period: 110.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCutcheon, Edward, , ,

Mailing Address 605 McDonald Ave

City: Charlotte | State: NC | Zip Code: 28203-5323

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 ▼ 1320.00

Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-54

Amount of Each Receipt this Period: 110.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCutcheon, Edward, , ,

Mailing Address 605 McDonald Ave

City: Charlotte | State: NC | Zip Code: 28203-5323

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 ▼ 1320.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-94

Amount of Each Receipt this Period: 110.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 330.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCutcheon, Edward, , ,

Mailing Address 605 McDonald Ave

City: Charlotte | State: NC | Zip Code: 28203-5323

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 ▼ 1320.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-163

Amount of Each Receipt this Period: 110.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCutcheon, Edward, , ,

Mailing Address 605 McDonald Ave

City: Charlotte | State: NC | Zip Code: 28203-5323

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 ▼ 1320.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-63

Amount of Each Receipt this Period: 110.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-22

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-17

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-29

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-30

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-17

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-47

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McDonald, Cary, Crane, ,

Mailing Address 106 Juniper Pl

City: Chapel Hill | State: NC | Zip Code: 27514-9576

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-118

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: McGill, Dennis, Lucas, ,
Mailing Address: 19 Camden Rd
City: Hillsborough | State: NJ | Zip Code: 08844-3842
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medical Associates New Jerse
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 25 / 2017
Transaction ID : 48ED9C74B139B06CE234
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: McGill, Dennis, Lucas, ,
Mailing Address: 19 Camden Rd
City: Hillsborough | State: NJ | Zip Code: 08844-3842
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medical Associates New Jerse
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 11 / 25 / 2017
Transaction ID : 454B8FE91D435A92036D
Amount of Each Receipt this Period: 300.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: McGowan, Torree, M, ,
Mailing Address: 8728 SW Bear Dr
City: Culver | State: OR | Zip Code: 97734-9615
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 ▼: 1200.00
Date of Receipt: 10 / 27 / 2017
Transaction ID : 92137324185F30873B6
Amount of Each Receipt this Period: 1200.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLean, Mark, A, ,

Mailing Address 613 Stonewater Blvd

City: Franklin | State: TN | Zip Code: 37064-4890

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 ▼ 250.00

Date of Receipt: 07 / 01 / 2017
Transaction ID : 20170721162819-250

Amount of Each Receipt this Period: 250.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMahan, True, L, ,

Mailing Address 230 Terra Cotta

City: Irvine | State: CA | Zip Code: 92603-0605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-439

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McManus, John, Gerard, , Jr

Mailing Address 1071 Peninsula Xing

City: Evans | State: GA | Zip Code: 30809-4311

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Augusta University
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 28 / 2017
Transaction ID : 4537883CC16ECEA32F1C

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 623.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McPeake, Laura, H, ,

Mailing Address 31 E Manning St

City: Providence | State: RI | Zip Code: 02906-4008

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Univ Emer Med Fdn
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-74

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Medford-Davis, Laura, N, ,

Mailing Address 7 Shorelake Dr

City: Kingwood | State: TX | Zip Code: 77339-3639

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 ▼ 365.00

Date of Receipt: M M 10 / D D 08 / Y Y Y Y 2017

Transaction ID : BA284E8B-47B8-4BB8-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meek, Craig, , ,

Mailing Address 11 Summer Creek Way

City: Longview | State: TX | Zip Code: 75604-3605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Longview Emergency Medical Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2017

Transaction ID : 464AAA4EDF32D3A65BBB

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 815.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mell, Howard, K, ,

Mailing Address 10309 Squires Way

City: Cornelius | State: NC | Zip Code: 28031-9248

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Wake Forest University Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1875.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4A02A073E75E5CAE2600

Amount of Each Receipt this Period: 625.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meredith, J, Mark, ,

Mailing Address 1231A Route 532
A

City: Chatsworth | State: NJ | Zip Code: 08019-9711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jersey Emergency Medical Specialists
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4A67B52ECB663D86D2B0

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meredith, J, Mark, ,

Mailing Address 1231A Route 532
A

City: Chatsworth | State: NJ | Zip Code: 08019-9711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jersey Emergency Medical Specialists
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4A76BB8A1F0646EF0933

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 725.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meredith, J, Mark, ,

Mailing Address 1231A Route 532
A

City: Chatsworth | State: NJ | Zip Code: 08019-9711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jersey Emergency Medical Specialists
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4FB1AA67959118EC6B28

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Meredith, J, Mark, ,

Mailing Address 1231A Route 532
A

City: Chatsworth | State: NJ | Zip Code: 08019-9711

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jersey Emergency Medical Specialists
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 470.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-76

Amount of Each Receipt this Period: 20.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merritt, James, , ,

Mailing Address 510 Lindo Johnson Rd

City: Pittsboro | State: NC | Zip Code: 27312-8028

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-31

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 95.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merritt, James, , ,

Mailing Address 510 Lindo Johnson Rd

City: Pittsboro | State: NC | Zip Code: 27312-8028

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-18

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merritt, James, , ,

Mailing Address 510 Lindo Johnson Rd

City: Pittsboro | State: NC | Zip Code: 27312-8028

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-48

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merritt, James, , ,

Mailing Address 510 Lindo Johnson Rd

City: Pittsboro | State: NC | Zip Code: 27312-8028

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-119

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mickelson, Kevin, Scott, ,

Mailing Address 15050 Sundown Dr

City: Bismarck | State: ND | Zip Code: 58503-9207

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 ▼ 1200.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : E1FBCD610C01E75E275

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mikami, Melissa, , ,

Mailing Address 723 White Swan Dr

City: Arnold | State: MD | Zip Code: 21012-1599

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Service, PA
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 11 / 03 / 2017

Transaction ID : 201711121454-151

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Milbrandt, David, A, ,

Mailing Address 11111 Ironwood Ave N

City: Stillwater | State: MN | Zip Code: 55082-5068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fairview Lakes Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : 14F316F4FFAE1E4B549

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2600.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Amanda, B, ,

Mailing Address 2606 W 48th St

City: Austin | State: TX | Zip Code: 78731-5602

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 ▼ 270.00

Date of Receipt: M 10 / D 28 / Y 2017
Transaction ID : 2017111010353-77

Amount of Each Receipt this Period: 120.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Gregg, A, ,

Mailing Address 21601 76th Ave W
Swedish Edmonds Hosp Emer Dept

City: Edmonds | State: WA | Zip Code: 98026-7507

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M 12 / D 18 / Y 2017
Transaction ID : 2018010418353-815

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Thomas, O, ,

Mailing Address 9304 Crocker Rd

City: Granite Bay | State: CA | Zip Code: 95746-6746

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M 11 / D 01 / Y 2017
Transaction ID : 201711121454-153

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 393.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Thomas, O, ,

Mailing Address 9304 Crocker Rd

City: Granite Bay | State: CA | Zip Code: 95746-6746

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-451

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Milne, John, S, ,

Mailing Address 530 Wilderness Peak Dr NW

City: Issaquah | State: WA | Zip Code: 98027-5621

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-12

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Misra, Swarup, , ,

Mailing Address 9667 Ashley Green Ct NW

City: Concord | State: NC | Zip Code: 28027-7236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EMP
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 08 / D D 16 / Y Y Y Y 2017

Transaction ID : 459DBD5C1A733BBABE5D

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1573.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Misra, Swarup, , ,

Mailing Address 9667 Ashley Green Ct NW

City: Concord | State: NC | Zip Code: 28027-7236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EMP
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 4AA1BD630D6E9BD8460F

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Misra, Swarup, , ,

Mailing Address 9667 Ashley Green Ct NW

City: Concord | State: NC | Zip Code: 28027-7236

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EMP
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 454CB3CC6016C25CB6E0

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitchiner, James, C, ,

Mailing Address 1265 Barrister Rd

City: Ann Arbor | State: MI | Zip Code: 48105-2821

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): EPMG of WV, Inc
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 6A9763C35FB5F0761BC

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitstifer, Jack, Henry, ,

Mailing Address 7363 Burntwood Way

City: Hudson | State: OH | Zip Code: 44236-1681

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Specialist Incorpora

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 405398CB90A6B09975EC

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mitstifer, Jack, Henry, ,

Mailing Address 7363 Burntwood Way

City: Hudson | State: OH | Zip Code: 44236-1681

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Specialist Incorpora

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 15 / 2017

Transaction ID : 4DB49B99B813F10CDE3E

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mittleman, Craig, B, ,

Mailing Address 25 Equestrian Rdg

City: Newtown | State: CT | Zip Code: 06470-1869

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-91

Amount of Each Receipt this Period: 90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 690.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mittleman, Craig, B, ,

Mailing Address 25 Equestrian Rdg

City: Newtown | State: CT | Zip Code: 06470-1869

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-58

Amount of Each Receipt this Period: 90.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mittleman, Craig, B, ,

Mailing Address 25 Equestrian Rdg

City: Newtown | State: CT | Zip Code: 06470-1869

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-55

Amount of Each Receipt this Period: 90.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mittleman, Craig, B, ,

Mailing Address 25 Equestrian Rdg

City: Newtown | State: CT | Zip Code: 06470-1869

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-95

Amount of Each Receipt this Period: 90.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 270.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mittleman, Craig, B, ,

Mailing Address 25 Equestrian Rdg

City: Newtown | State: CT | Zip Code: 06470-1869

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-164

Amount of Each Receipt this Period: 90.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mittleman, Craig, B, ,

Mailing Address 25 Equestrian Rdg

City: Newtown | State: CT | Zip Code: 06470-1869

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): MEP Health, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1080.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-50

Amount of Each Receipt this Period: 90.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Molander, Karin, Helen, ,

Mailing Address 522 Vincent Dr

City: Mountain View | State: CA | Zip Code: 94041-2214

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 ▼ 340.51

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : 20170806104321-62

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 380.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Molander, Karin, Helen, ,

Mailing Address 522 Vincent Dr

City: Mountain View | State: CA | Zip Code: 94041-2214

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 ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-496

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Monfette, Kevin, , ,

Mailing Address 2954 Island Point Dr

City: Metamora | State: MI | Zip Code: 48455-9625

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 ▼ 1500.00

Date of Receipt: 10 / 27 / 2017
Transaction ID : CAB643E7BAB67727521

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moody, Karolyn, K, ,

Mailing Address 4622 Sleater Kinney Rd NE

City: Olympia | State: WA | Zip Code: 98506-9653

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ECI Healthcare Partners
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 28 / 2017
Transaction ID : 4F20B89C146BFEE12006

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1373.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Christopher, A, ,

Mailing Address 61 S Holcomb Rd

City: Clarkston | State: MI | Zip Code: 48346-1511

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 ▼ 1200.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-92

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Christopher, A, ,

Mailing Address 61 S Holcomb Rd

City: Clarkston | State: MI | Zip Code: 48346-1511

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 ▼ 1200.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-59

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Christopher, A, ,

Mailing Address 61 S Holcomb Rd

City: Clarkston | State: MI | Zip Code: 48346-1511

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 ▼ 1200.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-56

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Christopher, A, ,

Mailing Address 61 S Holcomb Rd

City: Clarkston | State: MI | Zip Code: 48346-1511

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 ▼ 1200.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-96

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Christopher, A, ,

Mailing Address 61 S Holcomb Rd

City: Clarkston | State: MI | Zip Code: 48346-1511

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 ▼ 1200.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-165

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moore, Christopher, A, ,

Mailing Address 61 S Holcomb Rd

City: Clarkston | State: MI | Zip Code: 48346-1511

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 ▼ 1200.00

Date of Receipt: 12 / 21 / 2017

Transaction ID : 2018010418353-49

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moorhead, John, C, ,

Mailing Address 4138 SW Hamilton Ter

City: Portland | State: OR | Zip Code: 97239-4110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Ohio State University Medical Group -
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2017

Transaction ID : 4017942FD45C567C193F

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moorhead, John, C, ,

Mailing Address 4138 SW Hamilton Ter

City: Portland | State: OR | Zip Code: 97239-4110

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Ohio State University Medical Group -
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2017

Transaction ID : B894F401-0180-4B0C-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Morrissette, Kimberly, A, ,

Mailing Address 8 Tulalip KY

City: Bellevue | State: WA | Zip Code: 98006-1028

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-16

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Moskovitz, Joshua, B, ,
Mailing Address: 200 E 32nd St, Apt 9D
City: New York | State: NY | Zip Code: 10016-6530
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 ▼: 900.00
Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017
Transaction ID : 4B548F4A901515720555
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Moskovitz, Joshua, B, ,
Mailing Address: 200 E 32nd St, Apt 9D
City: New York | State: NY | Zip Code: 10016-6530
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 ▼: 900.00
Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017
Transaction ID : 43F083EEAC503AA72D0A
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Moskovitz, Joshua, B, ,
Mailing Address: 200 E 32nd St, Apt 9D
City: New York | State: NY | Zip Code: 10016-6530
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 ▼: 900.00
Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017
Transaction ID : 455792CD3C52A67F9199
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mostofi, Matthew, B, ,

Mailing Address 46 Frothingham St

City: Milton | State: MA | Zip Code: 02186-3317

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tufts Medical Center EP, LLC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 4D51964532314590051

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moulin, Aimee, K, ,

Mailing Address 1210 40th St

City: Sacramento | State: CA | Zip Code: 95819-3617

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 ▼ 600.00

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2017

Transaction ID : CEAB9D32-059A-42E7-

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-41

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1825.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Moynihan, Neil, T, ,
Mailing Address: 112 Dog Ln
City: Storrs Manfld | State: CT | Zip Code: 06268-2220
FEC 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 ▼: 600.00
Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017
Transaction ID : 2017072117584-130
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Moynihan, Neil, T, ,
Mailing Address: 112 Dog Ln
City: Storrs Manfld | State: CT | Zip Code: 06268-2220
FEC 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 ▼: 600.00
Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017
Transaction ID : 2017090619207-9
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Moynihan, Neil, T, ,
Mailing Address: 112 Dog Ln
City: Storrs Manfld | State: CT | Zip Code: 06268-2220
FEC 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 ▼: 600.00
Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017
Transaction ID : 2017090512207-9
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-9

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-9

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-9

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-9

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-35

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-47

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-9

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Moynihan, Neil, T, ,

Mailing Address 112 Dog Ln

City: Storrs Manfld | State: CT | Zip Code: 06268-2220

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-137

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mozdzanowski, Christopher, J, ,

Mailing Address 7 Meadowbrook Rd

City: Somers | State: CT | Zip Code: 06071-1030

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-42

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Mozdzanowski, Christopher, J, ,
Mailing Address: 7 Meadowbrook Rd
City: Somers | State: CT | Zip Code: 06071-1030
FEC 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 ▼: 600.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-131
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Mozdzanowski, Christopher, J, ,
Mailing Address: 7 Meadowbrook Rd
City: Somers | State: CT | Zip Code: 06071-1030
FEC 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 ▼: 600.00
Date of Receipt: 08 / 17 / 2017
Transaction ID : 2017090619207-10
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Mozdzanowski, Christopher, J, ,
Mailing Address: 7 Meadowbrook Rd
City: Somers | State: CT | Zip Code: 06071-1030
FEC 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 ▼: 600.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-10
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Mozdzanowski, Christopher, J, ,
Mailing Address: 7 Meadowbrook Rd
City: Somers | State: CT | Zip Code: 06071-1030
FEC 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 ▼: 600.00
Date of Receipt: 09 / 12 / 2017
Transaction ID : 2017091913204-10
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Mozdzanowski, Christopher, J, ,
Mailing Address: 7 Meadowbrook Rd
City: Somers | State: CT | Zip Code: 06071-1030
FEC 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 ▼: 600.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-10
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Mozdzanowski, Christopher, J, ,
Mailing Address: 7 Meadowbrook Rd
City: Somers | State: CT | Zip Code: 06071-1030
FEC 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 ▼: 600.00
Date of Receipt: 10 / 12 / 2017
Transaction ID : 2017102216508-10
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mozdzanowski, Christopher, J, ,

Mailing Address 7 Meadowbrook Rd

City: Somers | State: CT | Zip Code: 06071-1030

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-10

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mozdzanowski, Christopher, J, ,

Mailing Address 7 Meadowbrook Rd

City: Somers | State: CT | Zip Code: 06071-1030

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-36

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mozdzanowski, Christopher, J, ,

Mailing Address 7 Meadowbrook Rd

City: Somers | State: CT | Zip Code: 06071-1030

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-48

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mozdzanowski, Christopher, J, ,

Mailing Address 7 Meadowbrook Rd

City: Somers | State: CT | Zip Code: 06071-1030

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 201712102154-10

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mozdzanowski, Christopher, J, ,

Mailing Address 7 Meadowbrook Rd

City: Somers | State: CT | Zip Code: 06071-1030

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-138

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mullen, James, B, , III

Mailing Address 28 Foggs Point Rd

City: Freeport | State: ME | Zip Code: 04032-6010

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BlueWater Emergency Partners

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4921A66832DD2855F575

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Carla, Elizabeth, ,

Mailing Address 1196 Preserve Cir

City: Golden | State: CO | Zip Code: 80401-7045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 48DC9F79A9ED00650ECD

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Carla, Elizabeth, ,

Mailing Address 1196 Preserve Cir

City: Golden | State: CO | Zip Code: 80401-7045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4282A842511A67E62AB0

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Carla, Elizabeth, ,

Mailing Address 1196 Preserve Cir

City: Golden | State: CO | Zip Code: 80401-7045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 43BA98F5A67A1170513E

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Carla, Elizabeth, ,

Mailing Address 1196 Preserve Cir

City: Golden | State: CO | Zip Code: 80401-7045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2017

Transaction ID : 47CC83F70BACFB375B2D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Carla, Elizabeth, ,

Mailing Address 1196 Preserve Cir

City: Golden | State: CO | Zip Code: 80401-7045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 29 / Y Y Y Y 2017

Transaction ID : 4EF19E4482E03F3F1C21

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murphy, Carla, Elizabeth, ,

Mailing Address 1196 Preserve Cir

City: Golden | State: CO | Zip Code: 80401-7045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 4998B7B38F653873968E

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Murrell, Karen, , ,

Mailing Address 2324 Portola Way

City: Sacramento | State: CA | Zip Code: 95818-3554

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Kaiser Permanente Southern Sacramento

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 4A399B8EF1F116414CB0

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Naftel, John, C, ,

Mailing Address 23252 Palawan Cir

City: Dana Point | State: CA | Zip Code: 92629-3627

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-465

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nayak, Hemant, , ,

Mailing Address 9840 NE 34th St

City: Bellevue | State: WA | Zip Code: 98004-1825

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-8

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1573.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Nedza, Susan, Marie, ,
Mailing Address: 812 S Clay St
City: Hinsdale | State: IL | Zip Code: 60521-4541
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Elmhurst Emergency Medical Services Lt
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 07 / D D 25 / Y Y Y Y 2017
Transaction ID : 4ED598B0E5DEA827F185
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Nedza, Susan, Marie, ,
Mailing Address: 812 S Clay St
City: Hinsdale | State: IL | Zip Code: 60521-4541
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Elmhurst Emergency Medical Services Lt
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017
Transaction ID : 47679522453EEDB0AC59
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Nedza, Susan, Marie, ,
Mailing Address: 812 S Clay St
City: Hinsdale | State: IL | Zip Code: 60521-4541
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Elmhurst Emergency Medical Services Lt
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: M M 09 / D D 25 / Y Y Y Y 2017
Transaction ID : 45889965C5B86D8BFADA
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nedza, Susan, Marie, ,

Mailing Address 812 S Clay St

City: Hinsdale | State: IL | Zip Code: 60521-4541

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Elmhurst Emergency Medical Services Lt

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 479BA4261EFE51B27094

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nedza, Susan, Marie, ,

Mailing Address 812 S Clay St

City: Hinsdale | State: IL | Zip Code: 60521-4541

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Elmhurst Emergency Medical Services Lt

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 27 / Y Y Y Y 2017

Transaction ID : 480CA6E9C83E4BE2B08D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nedza, Susan, Marie, ,

Mailing Address 812 S Clay St

City: Hinsdale | State: IL | Zip Code: 60521-4541

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Elmhurst Emergency Medical Services Lt

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 27 / Y Y Y Y 2017

Transaction ID : 4FB99DD517C6E7BC3420

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nelson, Elaine, , ,

Mailing Address 1963 Fallen Leaf Ln

City: Los Altos | State: CA | Zip Code: 94024-7207

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : 2017100314203-34

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nelson, Elaine, , ,

Mailing Address 1963 Fallen Leaf Ln

City: Los Altos | State: CA | Zip Code: 94024-7207

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-467

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nemeth, Ira, R, ,

Mailing Address 217 Lumber St

City: Hopkinton | State: MA | Zip Code: 01748-2307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMass Memorial Emer Med
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4C4D84777699B64C28B9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 373.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nemeth, Ira, R, ,

Mailing Address 217 Lumber St

City: Hopkinton | State: MA | Zip Code: 01748-2307

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UMass Memorial Emer Med

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 42E2AD281C55118AC191

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nemeth, Ira, R, ,

Mailing Address 217 Lumber St

City: Hopkinton | State: MA | Zip Code: 01748-2307

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UMass Memorial Emer Med

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 487DB68DDC8DDEFF37DD

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nemeth, Ira, R, ,

Mailing Address 217 Lumber St

City: Hopkinton | State: MA | Zip Code: 01748-2307

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): UMass Memorial Emer Med

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 41EFAE16D32EDF5E0778

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nemeth, Ira, R, ,

Mailing Address 217 Lumber St

City: Hopkinton | State: MA | Zip Code: 01748-2307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMass Memorial Emer Med

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 4B73AAC61346EB06337E

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nemeth, Ira, R, ,

Mailing Address 217 Lumber St

City: Hopkinton | State: MA | Zip Code: 01748-2307

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UMass Memorial Emer Med

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4608A965F1B25EFD28AF

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nestor, Nestor, B, ,

Mailing Address 212 E 47th St
Apt 9C

City: New York | State: NY | Zip Code: 10017-2122

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 ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-79

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 450.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Newton, Douglas, Edward, ,
Mailing Address: 7320 N Canyon View PR NE
City: Benton City | State: WA | Zip Code: 99320-9582
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 ▼: 700.00
Date of Receipt: M M 07 / D D 12 / Y Y Y Y 2017
Transaction ID : 2017072117584-5
Amount of Each Receipt this Period: 250.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Newton, Douglas, Edward, ,
Mailing Address: 7320 N Canyon View PR NE
City: Benton City | State: WA | Zip Code: 99320-9582
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 ▼: 700.00
Date of Receipt: M M 07 / D D 19 / Y Y Y Y 2017
Transaction ID : 2017072117584-120
Amount of Each Receipt this Period: 250.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Newton, Douglas, Edward, ,
Mailing Address: 7320 N Canyon View PR NE
City: Benton City | State: WA | Zip Code: 99320-9582
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 ▼: 700.00
Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2017
Transaction ID : 2017091912504-19
Amount of Each Receipt this Period: 200.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nguyen, Caroline, , ,

Mailing Address 11853 Old Eureka Way

City: Gold River | State: CA | Zip Code: 95670-8362

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 ▼ 240.51

Date of Receipt: 12 / 19 / 2017
Transaction ID : 201801041953-24

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Niziol, Charles, , ,

Mailing Address 3334 Three Pines Dr

City: Kingwood | State: TX | Zip Code: 77339-2231

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 07 / 13 / 2017
Transaction ID : 2017072117584-121

Amount of Each Receipt this Period: 1500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Niziol, Charles, , ,

Mailing Address 3334 Three Pines Dr

City: Kingwood | State: TX | Zip Code: 77339-2231

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Envision Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1700.00

Date of Receipt: 10 / 26 / 2017
Transaction ID : 2017110920203-13

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Norris, Donald, L, ,
Mailing Address: 10945 Bluffside Dr, Apt 341
City: Studio City | State: CA | Zip Code: 91604-4489
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 ▼: 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-93
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Norris, Donald, L, ,
Mailing Address: 10945 Bluffside Dr, Apt 341
City: Studio City | State: CA | Zip Code: 91604-4489
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 ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-60
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Norris, Donald, L, ,
Mailing Address: 10945 Bluffside Dr, Apt 341
City: Studio City | State: CA | Zip Code: 91604-4489
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 ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-57
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Norris, Donald, L, ,
Mailing Address: 10945 Bluffside Dr, Apt 341
City: Studio City | State: CA | Zip Code: 91604-4489
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 ▼: 1200.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-97
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Norris, Donald, L, ,
Mailing Address: 10945 Bluffside Dr, Apt 341
City: Studio City | State: CA | Zip Code: 91604-4489
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 ▼: 1200.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-166
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Norris, Donald, L, ,
Mailing Address: 10945 Bluffside Dr, Apt 341
City: Studio City | State: CA | Zip Code: 91604-4489
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 ▼: 1200.00
Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-62
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norse, Ashley, Booth, ,

Mailing Address 4233 Morena Ln

City: Jacksonville | State: FL | Zip Code: 32207-6201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Florida Jacksonville

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : 4337970204AB06908BB4

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Norse, Ashley, Booth, ,

Mailing Address 4233 Morena Ln

City: Jacksonville | State: FL | Zip Code: 32207-6201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Florida Jacksonville

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4E208A25B3E3B4856807

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nugent, Andrew, Sean, ,

Mailing Address 2261 Brown Deer Rd

City: Coralville | State: IA | Zip Code: 52241-3346

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 ▼ 1000.00

Date of Receipt: M M 07 / D D 16 / Y Y Y Y 2017

Transaction ID : 49C0A20F772574A4DE6A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Nugent, Andrew, Sean, ,
Mailing Address: 2261 Brown Deer Rd
City: Coralville | State: IA | Zip Code: 52241-3346
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 ▼: 1000.00
Date of Receipt: 08 / 16 / 2017
Transaction ID : 4F72942ABC5D1383BFDF
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Nugent, Andrew, Sean, ,
Mailing Address: 2261 Brown Deer Rd
City: Coralville | State: IA | Zip Code: 52241-3346
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 ▼: 1000.00
Date of Receipt: 09 / 12 / 2017
Transaction ID : 4ADEB0A1B98000F76B3A
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Nugent, Andrew, Sean, ,
Mailing Address: 2261 Brown Deer Rd
City: Coralville | State: IA | Zip Code: 52241-3346
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 ▼: 1000.00
Date of Receipt: 10 / 12 / 2017
Transaction ID : 4F9393228B6181EF2351
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Robert, E, ,

Mailing Address 515 Foxdale Ln

City: Charlottesville | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Virginia Department of E

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2017

Transaction ID : 42FEB7ABB06A8503DE0F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Robert, E, ,

Mailing Address 515 Foxdale Ln

City: Charlottesville | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Virginia Department of E

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 10 / Y Y Y Y 2017

Transaction ID : 40398967E1542823D7BB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Robert, E, ,

Mailing Address 515 Foxdale Ln

City: Charlottesville | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Virginia Department of E

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2017

Transaction ID : 444C9B6C3A096ED06A41

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Robert, E, ,

Mailing Address 515 Foxdale Ln

City: Charlottesville | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Virginia Department of E

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2017

Transaction ID : 4AD395FBCD4306BEF23F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Robert, E, ,

Mailing Address 515 Foxdale Ln

City: Charlottesville | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Virginia Department of E

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : 493E9EE2B2742ADEA45C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Connor, Robert, E, ,

Mailing Address 515 Foxdale Ln

City: Charlottesville | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): University of Virginia Department of E

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4862A07716D19FD6A165

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oldham, George, Richard, ,

Mailing Address 1414 Alvarado Ave

City: Burlingame | State: CA | Zip Code: 94010-5548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 08 / D D 16 / Y Y Y Y 2017

Transaction ID : 20170825105118-3

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oldham, George, Richard, ,

Mailing Address 1414 Alvarado Ave

City: Burlingame | State: CA | Zip Code: 94010-5548

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-479

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olsen, Eric, B, ,

Mailing Address 4459 Eagle Lk S

City: Fort Collins | State: CO | Zip Code: 80524-8609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physicians of the Rockies
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-80

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 523.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Olson, Marc, , ,
Mailing Address: 874 Pinecrest
City: Dexter | State: MI | Zip Code: 48130-8405
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 ▼: 274.97
Date of Receipt: 07 / 07 / 2017
Transaction ID : 4C25B86F83DFA6945F6D
Amount of Each Receipt this Period: 8.33
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Olson, Marc, , ,
Mailing Address: 874 Pinecrest
City: Dexter | State: MI | Zip Code: 48130-8405
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 ▼: 274.97
Date of Receipt: 08 / 07 / 2017
Transaction ID : 444CA09AF84BD832F960
Amount of Each Receipt this Period: 8.33
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Olson, Marc, , ,
Mailing Address: 874 Pinecrest
City: Dexter | State: MI | Zip Code: 48130-8405
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 ▼: 274.97
Date of Receipt: 09 / 07 / 2017
Transaction ID : 499AB321DD55C6226546
Amount of Each Receipt this Period: 8.33
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 24.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olson, Marc, , ,

Mailing Address 874 Pinecrest

City: Dexter | State: MI | Zip Code: 48130-8405

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 ▼ 274.97

Date of Receipt: M M 10 / D D 07 / Y Y Y Y 2017

Transaction ID : 42BBBF1BDB9283DA18D5

Amount of Each Receipt this Period: 8.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olson, Marc, , ,

Mailing Address 874 Pinecrest

City: Dexter | State: MI | Zip Code: 48130-8405

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 ▼ 274.97

Date of Receipt: M M 11 / D D 07 / Y Y Y Y 2017

Transaction ID : 4725B6F0EF147FFF39C2

Amount of Each Receipt this Period: 8.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Olson, Marc, , ,

Mailing Address 874 Pinecrest

City: Dexter | State: MI | Zip Code: 48130-8405

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 ▼ 274.97

Date of Receipt: M M 12 / D D 07 / Y Y Y Y 2017

Transaction ID : 4C57990FC754B6331823

Amount of Each Receipt this Period: 8.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 24.99

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oman, Jennifer, , ,

Mailing Address 10871 Furlong Dr

City: Santa Ana | State: CA | Zip Code: 92705-2516

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-276

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oman, Jennifer, , ,

Mailing Address 10871 Furlong Dr

City: Santa Ana | State: CA | Zip Code: 92705-2516

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-481

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osmundson, Michael, B, ,

Mailing Address 62 East Dr

City: Hartville | State: OH | Zip Code: 44632-8890

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 ▼ 408.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-94

Amount of Each Receipt this Period: 34.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 207.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osmundson, Michael, B, ,

Mailing Address 62 East Dr

City: Hartville | State: OH | Zip Code: 44632-8890

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 ▼ 408.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-61

Amount of Each Receipt this Period: 34.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osmundson, Michael, B, ,

Mailing Address 62 East Dr

City: Hartville | State: OH | Zip Code: 44632-8890

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 ▼ 408.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-58

Amount of Each Receipt this Period: 34.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osmundson, Michael, B, ,

Mailing Address 62 East Dr

City: Hartville | State: OH | Zip Code: 44632-8890

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 ▼ 408.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-98

Amount of Each Receipt this Period: 34.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 102.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osmundson, Michael, B, ,

Mailing Address 62 East Dr

City: Hartville | State: OH | Zip Code: 44632-8890

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 ▼ 408.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-167

Amount of Each Receipt this Period: 34.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Osmundson, Michael, B, ,

Mailing Address 62 East Dr

City: Hartville | State: OH | Zip Code: 44632-8890

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 ▼ 408.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-84

Amount of Each Receipt this Period: 34.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Otani, Eric, M, ,

Mailing Address 2070 Clinton Ave

City: Alameda | State: CA | Zip Code: 94501-4399

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-484

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 141.31

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Packo, David, C, ,
Mailing Address: 854 21st Ct S
City: Naples | State: FL | Zip Code: 34102-7616
FEC 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 ▼: 1200.00
Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017
Transaction ID : 2017072117584-95
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Packo, David, C, ,
Mailing Address: 854 21st Ct S
City: Naples | State: FL | Zip Code: 34102-7616
FEC 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 ▼: 1200.00
Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017
Transaction ID : 2017090512207-62
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Packo, David, C, ,
Mailing Address: 854 21st Ct S
City: Naples | State: FL | Zip Code: 34102-7616
FEC 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 ▼: 1200.00
Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017
Transaction ID : 2017092616204-59
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Packo, David, C, ,

Mailing Address 854 21st Ct S

City: Naples | State: FL | Zip Code: 34102-7616

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-99

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Packo, David, C, ,

Mailing Address 854 21st Ct S

City: Naples | State: FL | Zip Code: 34102-7616

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-168

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Packo, David, C, ,

Mailing Address 854 21st Ct S

City: Naples | State: FL | Zip Code: 34102-7616

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-56

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Page, Ernest, , , II

Mailing Address 11030 Ullswater Ln

City: Windermere | State: FL | Zip Code: 34786-5411

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-81

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-24

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-19

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-31

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: 10 / 12 / 2017

Transaction ID : 2017102216508-32

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: 11 / 14 / 2017

Transaction ID : 2017120314503-19

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: 12 / 13 / 2017
Transaction ID : 201712181354-49

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Palombaro, James, F, ,

Mailing Address 11500 Black Horse Run

City: Raleigh | State: NC | Zip Code: 27613-7003

FEC 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 ▼ 600.00

Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-120

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Panitch, Orlee, Israeli, ,

Mailing Address 11753 Gainsborough Rd

City: Potomac | State: MD | Zip Code: 20854-3247

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 ▼ 1800.00

Date of Receipt: 07 / 12 / 2017
Transaction ID : 3A6244FD-77E4-4B62-

Amount of Each Receipt this Period: 1800.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Park, Robert, S, ,

Mailing Address 3934 Saint Marks Rd

City: Durham | State: NC | Zip Code: 27707-5015

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-33

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Park, Robert, S, ,

Mailing Address 3934 Saint Marks Rd

City: Durham | State: NC | Zip Code: 27707-5015

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-20

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Park, Robert, S, ,

Mailing Address 3934 Saint Marks Rd

City: Durham | State: NC | Zip Code: 27707-5015

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-50

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Park, Robert, S, ,

Mailing Address 3934 Saint Marks Rd

City: Durham | State: NC | Zip Code: 27707-5015

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-121

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Parnell, Laura, C, ,

Mailing Address 1737 Chevelle Dr

City: Baton Rouge | State: LA | Zip Code: 70806-8411

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Louisiana Emergency & Trauma Specialis
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 48D0A2F6BC06D630D2CC

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pattani, Sanjay, , ,

Mailing Address 13124 Bellaria Cir

City: Windermere | State: FL | Zip Code: 34786-7401

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Florida Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4285A5E08EEE639F322F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 425.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pattavina, Charles, F, ,

Mailing Address 360 Broadway
St Joseph Hosp

City: Bangor | State: ME | Zip Code: 04401-3979

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Joseph Hospital Bangor Maine
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 15 / 2017

Transaction ID : 420F8358936366436DFB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pattavina, Charles, F, ,

Mailing Address 360 Broadway
St Joseph Hosp

City: Bangor | State: ME | Zip Code: 04401-3979

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Joseph Hospital Bangor Maine
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 08 / 15 / 2017

Transaction ID : 471B892884BEB677F036

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pattavina, Charles, F, ,

Mailing Address 360 Broadway
St Joseph Hosp

City: Bangor | State: ME | Zip Code: 04401-3979

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): St Joseph Hospital Bangor Maine
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 4F4780B20895C4A2F00F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Pattavina, Charles, F, ,
Mailing Address: 360 Broadway, St Joseph Hosp
City: Bangor | State: ME | Zip Code: 04401-3979
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St Joseph Hospital Bangor Maine
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 10 / 28 / 2017
Transaction ID : 4A489617774FB1261B67
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Pattavina, Charles, F, ,
Mailing Address: 360 Broadway, St Joseph Hosp
City: Bangor | State: ME | Zip Code: 04401-3979
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St Joseph Hospital Bangor Maine
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 4756B928C075FDB641F1
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Pattavina, Charles, F, ,
Mailing Address: 360 Broadway, St Joseph Hosp
City: Bangor | State: ME | Zip Code: 04401-3979
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): St Joseph Hospital Bangor Maine
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 12 / 28 / 2017
Transaction ID : 4499876929B82DF65E2C
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Patten, Lane, , ,

Mailing Address 12355 Princeton Ave

City: Eden Prairie | State: MN | Zip Code: 55347-1937

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Memorial Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 47D1B096881C7AE701E9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Payne, Lee, E, ,

Mailing Address 158 Symington Dr
Apt N

City: Scott Air Force Ba | State: IL | Zip Code: 62225-1744

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2017

Transaction ID : 4E7D9DFAFFECE0D3FB75

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Payne, Lee, E, ,

Mailing Address 158 Symington Dr
Apt N

City: Scott Air Force Ba | State: IL | Zip Code: 62225-1744

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 10 / Y Y Y Y 2017

Transaction ID : 4BF194BBE80A164A453B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Payne, Lee, E, ,

Mailing Address 158 Symington Dr
Apt N

City: Scott Air Force Ba | State: IL | Zip Code: 62225-1744

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2017

Transaction ID : 4755BFE3B7E3F806B487

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Payne, Lee, E, ,

Mailing Address 158 Symington Dr
Apt N

City: Scott Air Force Ba | State: IL | Zip Code: 62225-1744

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2017

Transaction ID : 408DB3807B08ABB333FA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Payne, Lee, E, ,

Mailing Address 158 Symington Dr
Apt N

City: Scott Air Force Ba | State: IL | Zip Code: 62225-1744

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : 48D886F045DFC4C612A6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Payne, Lee, E, ,

Mailing Address 158 Symington Dr
Apt N

City: Scott Air Force Ba | State: IL | Zip Code: 62225-1744

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4FF59BCDFC7FD50F9A23

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pazevic, Jon, Pierre, ,

Mailing Address 14620 31st Dr SE

City: Mill Creek | State: WA | Zip Code: 98012-5034

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-13

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pearlmutter, Mark, D, ,

Mailing Address 440 Boylston St

City: Brookline | State: MA | Zip Code: 02445-6005

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Steward Emergency Medicine Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 5686C38DE2D6AC93280

Amount of Each Receipt this Period: 250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Peckenpaugh, Daniel, Eugene, ,

Mailing Address 4107 Wood Creek Ct

City: Colleyville | State: TX | Zip Code: 76034-4101

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : B9BE9032-A423-4C99-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Percy, Carmella, , ,

Mailing Address 6875 Stonebridge Ln

City: Clover | State: SC | Zip Code: 29710-9372

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 ▼ 600.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-96

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Percy, Carmella, , ,

Mailing Address 6875 Stonebridge Ln

City: Clover | State: SC | Zip Code: 29710-9372

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 ▼ 600.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-63

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Percy, Carmella, , ,

Mailing Address 6875 Stonebridge Ln

City: Clover | State: SC | Zip Code: 29710-9372

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 ▼ 600.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-60

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Percy, Carmella, , ,

Mailing Address 6875 Stonebridge Ln

City: Clover | State: SC | Zip Code: 29710-9372

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 ▼ 600.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-100

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Percy, Carmella, , ,

Mailing Address 6875 Stonebridge Ln

City: Clover | State: SC | Zip Code: 29710-9372

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 ▼ 600.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-169

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Percy, Carmella, , ,

Mailing Address 6875 Stonebridge Ln

City: Clover | State: SC | Zip Code: 29710-9372

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 ▼ 600.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-45

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perez, Berenice, , ,

Mailing Address 451 Mitchell Ave

City: San Leandro | State: CA | Zip Code: 94577-2147

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 ▼ 300.00

Date of Receipt: M M 12 / D D 11 / Y Y Y Y 2017

Transaction ID : 201712181354-18

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perlroth, Chi, Lee, ,

Mailing Address 1015 Kirkcrest Ln

City: Alamo | State: CA | Zip Code: 94507-2465

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : E90B7653-1A0A-492F-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1450.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Perlroth, Chi, Lee, ,

Mailing Address 1015 Kirkcrest Ln

City: Alamo | State: CA | Zip Code: 94507-2465

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-497

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Phelan, Michael, Patrick, ,

Mailing Address 21346 S Woodland Rd

City: Shaker Heights | State: OH | Zip Code: 44122-3024

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 ▼ 250.00

Date of Receipt: M M 07 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017072117584-4

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pimentel, Laura, , ,

Mailing Address 908 Dennisford Ct

City: Cockeysville | State: MD | Zip Code: 21030-1629

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Upper Chesapeake Health Emergency Medi
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2017

Transaction ID : F9BFD9A3-89BE-44D3-

Amount of Each Receipt this Period: 1200.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1523.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pinoli, Mario, , ,

Mailing Address 6203 109th St

City: Lubbock | State: TX | Zip Code: 79424-7684

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Covenant Health System
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 08 / D D 27 / Y Y Y Y 2017

Transaction ID : 4109B344504405C37213

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pinoli, Mario, , ,

Mailing Address 6203 109th St

City: Lubbock | State: TX | Zip Code: 79424-7684

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Covenant Health System
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 11 / D D 27 / Y Y Y Y 2017

Transaction ID : 49ECB44B166E4453B453

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pinson, Thomas, B, ,

Mailing Address 11074 Mica Ln

City: Neosho | State: MO | Zip Code: 64850-6622

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 ▼ 725.02

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 42EF8615FD59861187E5

Amount of Each Receipt this Period: 208.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 308.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Pinson, Thomas, B, ,
Mailing Address: 11074 Mica Ln
City: Neosho | State: MO | Zip Code: 64850-6622
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 ▼: 725.02
Date of Receipt: 11 / 01 / 2017
Transaction ID : 201711121454-170
Amount of Each Receipt this Period: 8.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Pinson, Thomas, B, ,
Mailing Address: 11074 Mica Ln
City: Neosho | State: MO | Zip Code: 64850-6622
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 ▼: 725.02
Date of Receipt: 11 / 27 / 2017
Transaction ID : 471893E01151FE65A67D
Amount of Each Receipt this Period: 208.34
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Pinson, Thomas, B, ,
Mailing Address: 11074 Mica Ln
City: Neosho | State: MO | Zip Code: 64850-6622
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 ▼: 725.02
Date of Receipt: 12 / 01 / 2017
Transaction ID : 2017121020205-148
Amount of Each Receipt this Period: 8.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 224.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pinson, Thomas, B, ,

Mailing Address 11074 Mica Ln

City: Neosho | State: MO | Zip Code: 64850-6622

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 ▼ 725.02

Date of Receipt: 12 / 27 / 2017

Transaction ID : 470ABCB8E7159D311415

Amount of Each Receipt this Period: 208.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plunkett, Richard, J, ,

Mailing Address 738 140th Ave NE

City: Bellevue | State: WA | Zip Code: 98005-4733

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: 12 / 31 / 2017

Transaction ID : 2018010418353-29

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Poirier, Robert, Francis, , Jr.

Mailing Address 18 S Kingshighway Blvd
Apt 7J

City: Saint Louis | State: MO | Zip Code: 63108-1318

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 ▼ 600.00

Date of Receipt: 10 / 26 / 2017

Transaction ID : 7FBAB8A5-5C35-4045-

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2008.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pomeroy, Paul, R, , Jr

Mailing Address 34069 Hathaway St

City: Livonia | State: MI | Zip Code: 48150-5603

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 ▼ 250.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 3D9F6D2391E467A232B

Amount of Each Receipt this Period: 250.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pothof, Jeffrey, J, ,

Mailing Address 6400 Nature Valley Dr

City: Waunakee | State: WI | Zip Code: 53597-9068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BerbeeWalsh Department of Emergency Me
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4F709AB8A9ECA4D810BF

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pothof, Jeffrey, J, ,

Mailing Address 6400 Nature Valley Dr

City: Waunakee | State: WI | Zip Code: 53597-9068

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): BerbeeWalsh Department of Emergency Me
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : E6F27A04F0C9D4C5045

Amount of Each Receipt this Period: 600.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: 07 / 12 / 2017

Transaction ID : 420891BFAAB3C687933C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: 08 / 12 / 2017

Transaction ID : 4B1EBFF06AB249B828C5

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 45F785DFF86E81C7E4C1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 41EAA1D544DC751B2AB6

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : 4F51BF88BA40D22F5221

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: M M 11 / D D 12 / Y Y Y Y 2017

Transaction ID : 4374869F40BB02A13865

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, Ericka, , ,

Mailing Address 40 Station Stone Ln

City: Lititz | State: PA | Zip Code: 17543-5008

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 ▼ 1300.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4C8A981A43A84BE80A30

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Powell, John, T, ,

Mailing Address 1 Deer Run Dr

City: Greenville | State: DE | Zip Code: 19807-2403

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Doctors Emergency Services Delaware
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: M M 07 / D D 11 / Y Y Y Y 2017

Transaction ID : 49DC9150159ABEC10F16

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-26

Amount of Each Receipt this Period: 50.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-21

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-33

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-34

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-21

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-51

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Premakumar, Sanjay, K, ,

Mailing Address 1406 Shepherd St

City: Durham | State: NC | Zip Code: 27707-1649

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-122

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Proctor, John, H, ,

Mailing Address 5004 Bentgrass Ct

City: Franklin | State: TN | Zip Code: 37069-7254

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2017

Transaction ID : C8A6CE06-B7A5-4325-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quinn, Shawn, M, ,

Mailing Address 1505 Camelot Dr

City: Allentown | State: PA | Zip Code: 18103-9302

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lehigh Valley Physicians Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 82D9BFE5A62D5FDAF0B

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rabrich, Jeffrey, S, ,

Mailing Address 1 Turf Rd

City: Montebello | State: NY | Zip Code: 10901-3944

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 ▼ 300.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 497199FC22300D422340

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2100.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Radford, Shawn, C, ,
Mailing Address: 263 Shawmont Ave, Apt E
City: Philadelphia | State: PA | Zip Code: 19128-4219
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-97
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Radford, Shawn, C, ,
Mailing Address: 263 Shawmont Ave, Apt E
City: Philadelphia | State: PA | Zip Code: 19128-4219
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-64
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Radford, Shawn, C, ,
Mailing Address: 263 Shawmont Ave, Apt E
City: Philadelphia | State: PA | Zip Code: 19128-4219
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-61
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Shawn, C, ,

Mailing Address 263 Shawmont Ave
Apt E

City: Philadelphia | State: PA | Zip Code: 19128-4219

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-101

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Shawn, C, ,

Mailing Address 263 Shawmont Ave
Apt E

City: Philadelphia | State: PA | Zip Code: 19128-4219

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-170

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Shawn, C, ,

Mailing Address 263 Shawmont Ave
Apt E

City: Philadelphia | State: PA | Zip Code: 19128-4219

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Albert Einstein Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-93

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radtke, Russell, D, ,

Mailing Address 3917 W Swann Ave

City: Tampa | State: FL | Zip Code: 33609-4432

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medical Associates of Tampa

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 565.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-87

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raetzke, Bradley, D, ,

Mailing Address 2179 Fairfax Rd

City: Columbus | State: OH | Zip Code: 43221-4230

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mid Ohio Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-30

Amount of Each Receipt this Period: 210.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-27

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 625.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-22

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-34

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-35

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-22

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-52

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raley, Jennifer, L, ,

Mailing Address 5408 Amsterdam Pl

City: Raleigh | State: NC | Zip Code: 27606-9708

FEC 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 ▼ 600.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-123

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raubenolt, Amy, B, ,

Mailing Address 4024 W Bath Rd

City: Akron | State: OH | Zip Code: 44333-1108

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 ▼ 424.98

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 4C2FB2785889532DE411

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raubenolt, Amy, B, ,

Mailing Address 4024 W Bath Rd

City: Akron | State: OH | Zip Code: 44333-1108

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 ▼ 424.98

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-174

Amount of Each Receipt this Period: 8.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raubenolt, Amy, B, ,

Mailing Address 4024 W Bath Rd

City: Akron | State: OH | Zip Code: 44333-1108

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 ▼ 424.98

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 47258F11A92E4C589FC7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raubenolt, Amy, B, ,

Mailing Address 4024 W Bath Rd

City: Akron | State: OH | Zip Code: 44333-1108

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 ▼ 424.98

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-151

Amount of Each Receipt this Period: 8.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raubenolt, Amy, B, ,

Mailing Address 4024 W Bath Rd

City: Akron | State: OH | Zip Code: 44333-1108

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 ▼ 424.98

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 40B18E54A874DA518ED1

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Raven, Maria, , ,

Mailing Address 2850 Buena Vista Way

City: Berkeley | State: CA | Zip Code: 94708-2016

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 ▼ 300.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 4406CD1C-4703-446D-

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 308.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ravindran, W, , ,

Mailing Address 1012 Sheila Dr

City: Toms River | State: NJ | Zip Code: 08753-3522

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Jersey Emergency Medical Specialists
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 24 / Y Y Y Y 2017

Transaction ID : 201801041953-40

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rea, R, Lynn, ,

Mailing Address 7618 Tanglecrest Dr

City: Dallas | State: TX | Zip Code: 75254-8021

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 ▼ 300.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 45909A9E051D6F150BFC

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reif, Justin, Warren, ,

Mailing Address 812 N 42nd St
Apt 301

City: Seattle | State: WA | Zip Code: 98103-7363

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-15

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Reklaitis, Vida, M, ,
Mailing Address: 51 Honour Ave NW
City: Atlanta | State: GA | Zip Code: 30305-1119
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt: 09 / 30 / 2017
Transaction ID : 470695944797164E7A7E
Amount of Each Receipt this Period: 375.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Reklaitis, Vida, M, ,
Mailing Address: 51 Honour Ave NW
City: Atlanta | State: GA | Zip Code: 30305-1119
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00
Date of Receipt: 12 / 31 / 2017
Transaction ID : 452ABAF3BD11838FDF3D
Amount of Each Receipt this Period: 375.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Remme, Lindsey, Christine, ,
Mailing Address: 1900 McKinney Ave Apt 1704
City: Dallas | State: TX | Zip Code: 75201-1722
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 273.75
Date of Receipt: 07 / 16 / 2017
Transaction ID : 4FABBE1525066F8B7A99
Amount of Each Receipt this Period: 91.25
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 841.25

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reschke, Kathy, Diana, ,

Mailing Address PO Box 993744

City: Redding | State: CA | Zip Code: 96099-3744

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-568

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynolds, John, Elliott, ,

Mailing Address 7001 Kulchay Cir

City: Eagle River | State: AK | Zip Code: 99577-9100

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 ▼ 200.02

Date of Receipt: M M 12 / D D 12 / Y Y Y Y 2017

Transaction ID : 201712181354-21

Amount of Each Receipt this Period: 16.67

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynoso, Juan, , ,

Mailing Address 2515 Bayside Pl

City: Arroyo Grande | State: CA | Zip Code: 93420-6515

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): California Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-139

Amount of Each Receipt this Period: 16.67

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 106.65

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynoso, Juan, , ,

Mailing Address 2515 Bayside Pl

City: Arroyo Grande | State: CA | Zip Code: 93420-6515

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): California Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-148

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynoso, Juan, , ,

Mailing Address 2515 Bayside Pl

City: Arroyo Grande | State: CA | Zip Code: 93420-6515

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): California Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-256

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynoso, Juan, , ,

Mailing Address 2515 Bayside Pl

City: Arroyo Grande | State: CA | Zip Code: 93420-6515

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): California Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-178

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynoso, Juan, , ,

Mailing Address 2515 Bayside Pl

City: Arroyo Grande | State: CA | Zip Code: 93420-6515

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): California Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-156

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Reynoso, Juan, , ,

Mailing Address 2515 Bayside Pl

City: Arroyo Grande | State: CA | Zip Code: 93420-6515

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): California Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-150

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rice, Mark, , ,

Mailing Address 409 E Honors Point Ct

City: Slidell | State: LA | Zip Code: 70458-5782

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 ▼ 1400.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 76178AB6F439EA276B9

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1289.98

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ring, Hope, , ,

Mailing Address 23357 Old Orchard Trl

City: Bingham Farms | State: MI | Zip Code: 48025-3438

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Physician Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 12 / D D 19 / Y Y Y Y 2017

Transaction ID : 201801041953-25

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rios, Julio, E, ,

Mailing Address 801 Briny Ave
Apt 503

City: Pompano Beach | State: FL | Zip Code: 33062-6328

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 4ADEADC0C9ED23B9E52B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rios, Julio, E, ,

Mailing Address 801 Briny Ave
Apt 503

City: Pompano Beach | State: FL | Zip Code: 33062-6328

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 13 / Y Y Y Y 2017

Transaction ID : 4D4FB0F4DE97C651CED3

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rios, Julio, E, ,
Mailing Address: 801 Briny Ave, Apt 503
City: Pompano Beach | State: FL | Zip Code: 33062-6328
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 ▼: 1200.00
Date of Receipt: 09 / 13 / 2017
Transaction ID : 40D6B034AA6B946D5D7A
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rios, Julio, E, ,
Mailing Address: 801 Briny Ave, Apt 503
City: Pompano Beach | State: FL | Zip Code: 33062-6328
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 ▼: 1200.00
Date of Receipt: 10 / 13 / 2017
Transaction ID : 4D22812E69B6B51AA721
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rios, Julio, E, ,
Mailing Address: 801 Briny Ave, Apt 503
City: Pompano Beach | State: FL | Zip Code: 33062-6328
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 ▼: 1200.00
Date of Receipt: 11 / 13 / 2017
Transaction ID : 40ACA1A085A2B97742A3
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rios, Julio, E, ,

Mailing Address 801 Briny Ave
Apt 503

City: Pompano Beach | State: FL | Zip Code: 33062-6328

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 41BAB6349E1470A0232A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rivenes, Scott, R, ,

Mailing Address 3911 Oakmont Ct

City: Sugar Land | State: TX | Zip Code: 77479-2458

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Cypress Emergency Associates PA
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 08 / D D 03 / Y Y Y Y 2017

Transaction ID : 20170814155826-5

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Robinson, Richard, Dean, ,

Mailing Address 501 Samuels Ave
Apt 540

City: Fort Worth | State: TX | Zip Code: 76102-8642

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 ▼ 600.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-150

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Robinson, Richard, Dean, ,
Mailing Address: 501 Samuels Ave, Apt 540
City: Fort Worth | State: TX | Zip Code: 76102-8642
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 ▼: 600.00
Date of Receipt: 10 / 01 / 2017
Transaction ID : 2017101523203-258
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Robinson, Richard, Dean, ,
Mailing Address: 501 Samuels Ave, Apt 540
City: Fort Worth | State: TX | Zip Code: 76102-8642
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 ▼: 600.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 201711121454-181
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Robinson, Richard, Dean, ,
Mailing Address: 501 Samuels Ave, Apt 540
City: Fort Worth | State: TX | Zip Code: 76102-8642
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 ▼: 600.00
Date of Receipt: 12 / 01 / 2017
Transaction ID : 2017121020205-158
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roger, Jeffrey, P, ,

Mailing Address 748 NE Brookcliff Ln

City: Bainbridge Is | State: WA | Zip Code: 98110-3965

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-10

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rogers, John, J, ,

Mailing Address PO Box 28410

City: Macon | State: GA | Zip Code: 31221-8410

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 ▼ 1000.00

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-98

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rogers, John, J, ,

Mailing Address PO Box 28410

City: Macon | State: GA | Zip Code: 31221-8410

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 ▼ 1000.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-144

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rogers, John, J, ,

Mailing Address PO Box 28410

City: Macon | State: GA | Zip Code: 31221-8410

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 ▼ 1000.00

Date of Receipt: 09 / 01 / 2017
Transaction ID : 201709111453-151

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rogers, John, J, ,

Mailing Address PO Box 28410

City: Macon | State: GA | Zip Code: 31221-8410

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 ▼ 1000.00

Date of Receipt: 10 / 01 / 2017
Transaction ID : 2017101523203-260

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roseberry, J M, Michael, ,

Mailing Address 1716 W Marine View Dr
Ste C

City: Everett | State: WA | Zip Code: 98201-2098

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-9

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenau, Alexander, Max, ,

Mailing Address 1140 N Broad St

City: Allentown | State: PA | Zip Code: 18104-2912

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lehigh Valley Physicians Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4C0C86305C4518583911

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenau, Alexander, Max, ,

Mailing Address 1140 N Broad St

City: Allentown | State: PA | Zip Code: 18104-2912

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lehigh Valley Physicians Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 298DB78E4E5DF50CE66

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-28

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: 08 / 11 / 2017

Transaction ID : 20170815102322-23

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-35

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: 10 / 12 / 2017

Transaction ID : 2017102216508-36

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: 11 / 14 / 2017

Transaction ID : 2017120314503-23

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: 12 / 13 / 2017

Transaction ID : 201712181354-53

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbaum, David, H, ,

Mailing Address 2112 Fallon Oaks Ct

City: Raleigh | State: NC | Zip Code: 27608-1675

FEC 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 ▼ 600.00

Date of Receipt: 12 / 31 / 2017

Transaction ID : 2018010418353-124

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenberg, Mark, S, ,

Mailing Address 38 N Ridge Rd

City: Denville | State: NJ | Zip Code: 07834-9629

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 27 / Y Y Y Y 2017

Transaction ID : 4943BB27699E3DED1E45

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenberg, Mark, S, ,

Mailing Address 38 N Ridge Rd

City: Denville | State: NJ | Zip Code: 07834-9629

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 4144839759C0344CDDE5

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbloom, Robert, Craig, ,

Mailing Address PO Box 5101

City: Culver City | State: CA | Zip Code: 90231-5101

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1540.51

Date of Receipt: M M 07 / D D 26 / Y Y Y Y 2017

Transaction ID : 20170806104321-84

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosenbloom, Robert, Craig, ,

Mailing Address PO Box 5101

City: Culver City | State: CA | Zip Code: 90231-5101

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1540.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-551

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rosing, Keith, J, ,

Mailing Address 1844 Newport Hills Dr E
Keith J. Rosing, MD, FACEPDrive Ea

City: Newport Beach | State: CA | Zip Code: 92660-7113

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Irvine Emergency Physician Medical Gro
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-552

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Roth, Brett, Alan, ,

Mailing Address 1805 Foxborough Trl

City: Flower Mound | State: TX | Zip Code: 75028-8271

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 ▼ 400.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120310354-73

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 346.62

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rueckert, Sebastian, A, ,

Mailing Address 170 Dielman Rd

City: Saint Louis | State: MO | Zip Code: 63124-1705

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 ▼ 600.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 9C08B6E16783E68234D

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rutherford, Robert, H, ,

Mailing Address 113 9th Ave S

City: Edmonds | State: WA | Zip Code: 98020-3305

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-267

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rutherford, Robert, H, ,

Mailing Address 113 9th Ave S

City: Edmonds | State: WA | Zip Code: 98020-3305

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-817

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 873.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ryan, James, Gerard, ,

Mailing Address 6 Creek Rd

City: Bayville | State: NY | Zip Code: 11709-2016

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 ▼ 600.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-93

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Safranek, Daniel, John, ,

Mailing Address 940 P St

City: Anchorage | State: AK | Zip Code: 99501-3239

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 ▼ 400.00

Date of Receipt: 09 / 22 / 2017

Transaction ID : 2017100314203-46

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Salazar, Tony, B, ,

Mailing Address 11211 Modesto Ave NE

City: Albuquerque | State: NM | Zip Code: 87122-4120

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 ▼ 1200.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : 2017111010353-94

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuel, Peter, A, ,

Mailing Address 330 3rd St S
Unit 919

City: Saint Petersburg | State: FL | Zip Code: 33701-4267

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 ▼ 293.28

Date of Receipt: M M 07 / D D 19 / Y Y Y Y 2017

Transaction ID : 4E298C6AE290B72E0EFC

Amount of Each Receipt this Period: 30.41

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuel, Peter, A, ,

Mailing Address 330 3rd St S
Unit 919

City: Saint Petersburg | State: FL | Zip Code: 33701-4267

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 ▼ 293.28

Date of Receipt: M M 08 / D D 19 / Y Y Y Y 2017

Transaction ID : 415E953533200EEC234B

Amount of Each Receipt this Period: 30.41

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuel, Peter, A, ,

Mailing Address 330 3rd St S
Unit 919

City: Saint Petersburg | State: FL | Zip Code: 33701-4267

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 ▼ 293.28

Date of Receipt: M M 09 / D D 23 / Y Y Y Y 2017

Transaction ID : 4223B9FAA66530B64230

Amount of Each Receipt this Period: 12.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 73.32

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuel, Peter, A, ,

Mailing Address 330 3rd St S
Unit 919

City: Saint Petersburg | State: FL | Zip Code: 33701-4267

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 ▼ 293.28

Date of Receipt: M M 10 / D D 23 / Y Y Y Y 2017

Transaction ID : 4E278F25B0594754AF5B

Amount of Each Receipt this Period: 12.50

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuel, Peter, A, ,

Mailing Address 330 3rd St S
Unit 919

City: Saint Petersburg | State: FL | Zip Code: 33701-4267

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 ▼ 293.28

Date of Receipt: M M 11 / D D 23 / Y Y Y Y 2017

Transaction ID : 4BE4902C5438572474A8

Amount of Each Receipt this Period: 12.50

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Samuel, Peter, A, ,

Mailing Address 330 3rd St S
Unit 919

City: Saint Petersburg | State: FL | Zip Code: 33701-4267

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 ▼ 293.28

Date of Receipt: M M 12 / D D 23 / Y Y Y Y 2017

Transaction ID : 4DFD860504DFDD9795BF

Amount of Each Receipt this Period: 12.50

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 37.50

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sanders, Matthew, J, ,

Mailing Address 58 Anchor Ln

City: Springboro | State: OH | Zip Code: 45066-8172

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 ▼ 800.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 2017111010353-95

Amount of Each Receipt this Period: 600.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarwark, John, Patrick, ,

Mailing Address 130 Park Ave

City: River Forest | State: IL | Zip Code: 60305-2040

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 ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-718

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satkowiak, Lawrence, J, ,

Mailing Address 5175 Raintree Dr

City: Parker | State: CO | Zip Code: 80134-5233

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-98

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 756.64

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satkowiak, Lawrence, J, ,

Mailing Address 5175 Raintree Dr

City: Parker | State: CO | Zip Code: 80134-5233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-65

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satkowiak, Lawrence, J, ,

Mailing Address 5175 Raintree Dr

City: Parker | State: CO | Zip Code: 80134-5233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-62

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satkowiak, Lawrence, J, ,

Mailing Address 5175 Raintree Dr

City: Parker | State: CO | Zip Code: 80134-5233

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-102

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satkowiak, Lawrence, J, ,

Mailing Address 5175 Raintree Dr

City: Parker | State: CO | Zip Code: 80134-5233

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-171

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Satkowiak, Lawrence, J, ,

Mailing Address 5175 Raintree Dr

City: Parker | State: CO | Zip Code: 80134-5233

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-77

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Saulys, Augusta, J, ,

Mailing Address 710 Neilson St

City: Berkeley | State: CA | Zip Code: 94707-1814

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 ▼ 300.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-211

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) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sawyer, Nicolas, , ,

Mailing Address 800 J St
Unit 705

City: Sacramento | State: CA | Zip Code: 95814-2526

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 ▼ 365.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : FE3B6C0E49CCDB3211D

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schafermeyer, Robert, W, ,

Mailing Address 2932 Rock Springs Rd

City: Charlotte | State: NC | Zip Code: 28226-7350

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 ▼ 730.00

Date of Receipt: M M 09 / D D 05 / Y Y Y Y 2017

Transaction ID : D194828C-496E-4F78-

Amount of Each Receipt this Period: 365.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scharenbrock, Christopher, G, ,

Mailing Address 2504 Cotswold Hill Dr

City: Fairfield | State: CA | Zip Code: 94534-7112

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 13 / Y Y Y Y 2017

Transaction ID : 57669367-A738-4C7C-

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 930.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schenfeld, Eric, , ,

Mailing Address 44 W Broadway
1408

City: Salt Lake Cty | State: UT | Zip Code: 84101-3201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Utah Emergency Physicians, PC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: M M 12 / D D 27 / Y Y Y Y 2017

Transaction ID : AD51E502-862C-4285-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schiller, Elizabeth, , ,

Mailing Address 55 Soby Dr

City: West Hartford | State: CT | Zip Code: 06107-1034

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 ▼ 600.00

Date of Receipt: M M 10 / D D 25 / Y Y Y Y 2017

Transaction ID : C4840A44-7712-4D4B-

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schlicher, Nathaniel, R, ,

Mailing Address 4615 77th Ave NW

City: Gig Harbor | State: WA | Zip Code: 98335-6532

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 ▼ 1000.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 43BB85FC8DB053E87066

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Schlicher, Nathaniel, R, ,
Mailing Address: 4615 77th Ave NW
City: Gig Harbor | State: WA | Zip Code: 98335-6532
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 ▼: 1000.00
Date of Receipt: 08 / 21 / 2017
Transaction ID : 43A191722B2F49557EEC
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Schlicher, Nathaniel, R, ,
Mailing Address: 4615 77th Ave NW
City: Gig Harbor | State: WA | Zip Code: 98335-6532
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 ▼: 1000.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 48C2A436DD79327F7AF7
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Schlicher, Nathaniel, R, ,
Mailing Address: 4615 77th Ave NW
City: Gig Harbor | State: WA | Zip Code: 98335-6532
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 ▼: 1000.00
Date of Receipt: 10 / 21 / 2017
Transaction ID : 418D95FCAC8DAC38AC20
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Schlicher, Nathaniel, R, ,
Mailing Address: 4615 77th Ave NW
City: Gig Harbor | State: WA | Zip Code: 98335-6532
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 ▼: 1000.00
Date of Receipt: 11 / 21 / 2017
Transaction ID : 40499367686A86F2FE3F
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Schlicher, Nathaniel, R, ,
Mailing Address: 4615 77th Ave NW
City: Gig Harbor | State: WA | Zip Code: 98335-6532
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 ▼: 1000.00
Date of Receipt: 12 / 21 / 2017
Transaction ID : 4C88A3308E21959420FA
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 1400.00
Date of Receipt: 10 / 21 / 2017
Transaction ID : 8D6B4518-D142-4925-
Amount of Each Receipt this Period: 1200.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 1400.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-191

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 1400.00

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-165

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City: Akron | State: OH | Zip Code: 44333-4703

FEC 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 ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-99

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 116.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City: Akron | State: OH | Zip Code: 44333-4703

FEC 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 ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-66

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City: Akron | State: OH | Zip Code: 44333-4703

FEC 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 ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-63

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City: Akron | State: OH | Zip Code: 44333-4703

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-103

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City: Akron | State: OH | Zip Code: 44333-4703

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-172

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Scott, David, L, ,

Mailing Address 4733 N Ridge Dr

City: Akron | State: OH | Zip Code: 44333-4703

FEC 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 ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-57

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Seaberg, David, Charles, ,

Mailing Address 21 Furnace St
Unit 705

City: Akron | State: OH | Zip Code: 44308-1967

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 ▼ 1550.00

Date of Receipt: M M 07 / D D 03 / Y Y Y Y 2017

Transaction ID : 4759A4D999237383431A

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 466.66

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Seaberg, David, Charles, ,
Mailing Address: 21 Furnace St, Unit 705
City: Akron | State: OH | Zip Code: 44308-1967
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 ▼: 1550.00
Date of Receipt: 09 / 07 / 2017
Transaction ID : 447694075EE59628F504
Amount of Each Receipt this Period: 300.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Seaberg, David, Charles, ,
Mailing Address: 21 Furnace St, Unit 705
City: Akron | State: OH | Zip Code: 44308-1967
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 ▼: 1550.00
Date of Receipt: 10 / 27 / 2017
Transaction ID : 2017111010353-98
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Seaberg, David, Charles, ,
Mailing Address: 21 Furnace St, Unit 705
City: Akron | State: OH | Zip Code: 44308-1967
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 ▼: 1550.00
Date of Receipt: 12 / 07 / 2017
Transaction ID : 4E35B6B3A6C82CFC26FF
Amount of Each Receipt this Period: 300.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Semeiks, Jeremy, , ,

Mailing Address 1350 Schodack Valley Rd

City: Castleton | State: NY | Zip Code: 12033-9763

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 ▼ 240.00

Date of Receipt: 12 / 06 / 2017
Transaction ID : 3E9ED26A-2BD9-4624-

Amount of Each Receipt this Period: 120.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shanahan, Ryan, Scott, ,

Mailing Address 300 Dayloma Ave

City: Ventura | State: CA | Zip Code: 93003-2010

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 790.49

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-757

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shangold, Gregory, L, ,

Mailing Address 66 Beacon Hill Dr

City: Storrs Manfld | State: CT | Zip Code: 06268-2756

FEC 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 ▼ 1200.00

Date of Receipt: 07 / 13 / 2017
Transaction ID : 2017072117584-43

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 243.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shangold, Gregory, L, ,
Mailing Address: 66 Beacon Hill Dr
City: Storrs Manfld | State: CT | Zip Code: 06268-2756
FEC 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 ▼ 1200.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-132
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shangold, Gregory, L, ,
Mailing Address: 66 Beacon Hill Dr
City: Storrs Manfld | State: CT | Zip Code: 06268-2756
FEC 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 ▼ 1200.00
Date of Receipt: 08 / 17 / 2017
Transaction ID : 2017090619207-11
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shangold, Gregory, L, ,
Mailing Address: 66 Beacon Hill Dr
City: Storrs Manfld | State: CT | Zip Code: 06268-2756
FEC 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 ▼ 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-11
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shangold, Gregory, L, ,
Mailing Address: 66 Beacon Hill Dr
City: Storrs Manfld | State: CT | Zip Code: 06268-2756
FEC 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 ▼ 1200.00
Date of Receipt: 09 / 12 / 2017
Transaction ID : 2017091913204-11
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shangold, Gregory, L, ,
Mailing Address: 66 Beacon Hill Dr
City: Storrs Manfld | State: CT | Zip Code: 06268-2756
FEC 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 ▼ 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-11
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shangold, Gregory, L, ,
Mailing Address: 66 Beacon Hill Dr
City: Storrs Manfld | State: CT | Zip Code: 06268-2756
FEC 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 ▼ 1200.00
Date of Receipt: 10 / 12 / 2017
Transaction ID : 2017102216508-11
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shangold, Gregory, L, ,

Mailing Address 66 Beacon Hill Dr

City: Storrs Manfld | State: CT | Zip Code: 06268-2756

FEC 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 ▼ 1200.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : 2017111211353-11

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shangold, Gregory, L, ,

Mailing Address 66 Beacon Hill Dr

City: Storrs Manfld | State: CT | Zip Code: 06268-2756

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-37

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shangold, Gregory, L, ,

Mailing Address 66 Beacon Hill Dr

City: Storrs Manfld | State: CT | Zip Code: 06268-2756

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-49

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shangold, Gregory, L, ,

Mailing Address 66 Beacon Hill Dr

City: Storrs Manfld | State: CT | Zip Code: 06268-2756

FEC 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 ▼ 1200.00

Date of Receipt: 12 / 07 / 2017

Transaction ID : 201712102154-11

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shangold, Gregory, L, ,

Mailing Address 66 Beacon Hill Dr

City: Storrs Manfld | State: CT | Zip Code: 06268-2756

FEC 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 ▼ 1200.00

Date of Receipt: 12 / 31 / 2017

Transaction ID : 2018010418353-139

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sharpe, Bridget, A, ,

Mailing Address 97 Valley Stream Rd

City: Spring Lake | State: NC | Zip Code: 28390-2801

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 ▼ 300.00

Date of Receipt: 08 / 09 / 2017

Transaction ID : 2017081892820-39

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sheehy, Michael, E, ,

Mailing Address 3462 E Lawman Dr

City: Kingman | State: AZ | Zip Code: 86401-6591

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 ▼ 900.00

Date of Receipt: 09 / 30 / 2017

Transaction ID : 49ACB5461E54213BEFB4

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sheehy, Michael, E, ,

Mailing Address 3462 E Lawman Dr

City: Kingman | State: AZ | Zip Code: 86401-6591

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 ▼ 900.00

Date of Receipt: 12 / 30 / 2017

Transaction ID : 4D6DA53874D38B2C0A3F

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shellenbarger, David, , ,

Mailing Address 912 Camelot Dr

City: Hermitage | State: PA | Zip Code: 16148-9100

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 ▼ 1200.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-100

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shellenbarger, David, , ,
Mailing Address: 912 Camelot Dr
City: Hermitage | State: PA | Zip Code: 16148-9100
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 ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-67
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shellenbarger, David, , ,
Mailing Address: 912 Camelot Dr
City: Hermitage | State: PA | Zip Code: 16148-9100
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 ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-64
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Shellenbarger, David, , ,
Mailing Address: 912 Camelot Dr
City: Hermitage | State: PA | Zip Code: 16148-9100
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 ▼: 1200.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-104
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shellenbarger, David, , ,

Mailing Address 912 Camelot Dr

City: Hermitage | State: PA | Zip Code: 16148-9100

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-173

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shellenbarger, David, , ,

Mailing Address 912 Camelot Dr

City: Hermitage | State: PA | Zip Code: 16148-9100

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-58

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shoemaker, James, L, , Jr

Mailing Address 14302 Southold Dr

City: Granger | State: IN | Zip Code: 46530-4269

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Elkhart Emergency Physicians, Inc.

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 680EA8014A31168C72D

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-101

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-68

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 09 / D D 17 / Y Y Y Y 2017

Transaction ID : 2017092615354-27

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 366.66

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-65

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-105

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-174

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shukovsky, Suzy, Schneider, ,

Mailing Address 399 Main Ave
Apt 823

City: Norwalk | State: CT | Zip Code: 06851-1575

FEC 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 ▼ 1199.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-96

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shuler, Klaus, B, ,

Mailing Address 13516 42nd Ave NE

City: Seattle | State: WA | Zip Code: 98125-3826

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-17

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singh, Deepika, , ,

Mailing Address 15 Smethwick Ct

City: Pittsford | State: NY | Zip Code: 14534-9789

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 ▼ 583.31

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-102

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1366.66

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singh, Deepika, , ,

Mailing Address 15 Smethwick Ct

City: Pittsford | State: NY | Zip Code: 14534-9789

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 ▼ 583.31

Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-69

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singh, Ranvir, , ,

Mailing Address 308 Errett Cir

City: Santa Cruz | State: CA | Zip Code: 95060-5922

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 ▼ 240.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-514

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sinnott, Annie, M, ,

Mailing Address 1335 N Bosworth Ave
3PNTHS

City: Chicago | State: IL | Zip Code: 60642-2443

FEC 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 ▼ 1200.00

Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-103

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 256.64

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Sinnott, Annie, M, ,
Mailing Address: 1335 N Bosworth Ave # 3PNTHS
City: Chicago | State: IL | Zip Code: 60642-2443
FEC 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 ▼ 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-70
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Sinnott, Annie, M, ,
Mailing Address: 1335 N Bosworth Ave # 3PNTHS
City: Chicago | State: IL | Zip Code: 60642-2443
FEC 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 ▼ 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-66
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Sinnott, Annie, M, ,
Mailing Address: 1335 N Bosworth Ave # 3PNTHS
City: Chicago | State: IL | Zip Code: 60642-2443
FEC 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 ▼ 1200.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-106
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sinnott, Annie, M, ,

Mailing Address 1335 N Bosworth Ave
3PNTHS

City: Chicago | State: IL | Zip Code: 60642-2443

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-175

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sinnott, Annie, M, ,

Mailing Address 1335 N Bosworth Ave
3PNTHS

City: Chicago | State: IL | Zip Code: 60642-2443

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-40

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skiendzielewski, John, , ,

Mailing Address 138 Manor Dr

City: Northumberland | State: PA | Zip Code: 17857-9759

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 ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-102

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 800.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slabinski, Mark, , ,

Mailing Address 3004 Edison St NW

City: Uniontown | State: OH | Zip Code: 44685-7212

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-104

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slabinski, Mark, , ,

Mailing Address 3004 Edison St NW

City: Uniontown | State: OH | Zip Code: 44685-7212

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-71

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slabinski, Mark, , ,

Mailing Address 3004 Edison St NW

City: Uniontown | State: OH | Zip Code: 44685-7212

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-67

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slabinski, Mark, , ,

Mailing Address 3004 Edison St NW

City: Uniontown | State: OH | Zip Code: 44685-7212

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-107

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slabinski, Mark, , ,

Mailing Address 3004 Edison St NW

City: Uniontown | State: OH | Zip Code: 44685-7212

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-176

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slabinski, Mark, , ,

Mailing Address 3004 Edison St NW

City: Uniontown | State: OH | Zip Code: 44685-7212

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-81

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Slesinger, Todd, L, ,
Mailing Address: 9821 Palma Vista Way
City: Boca Raton | State: FL | Zip Code: 33428-3528
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 ▼: 1200.00
Date of Receipt: 07 / 15 / 2017
Transaction ID : 49FCB308DF80A0B6B57C
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Slesinger, Todd, L, ,
Mailing Address: 9821 Palma Vista Way
City: Boca Raton | State: FL | Zip Code: 33428-3528
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 ▼: 1200.00
Date of Receipt: 08 / 15 / 2017
Transaction ID : 44489E02AF77124FC74B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Slesinger, Todd, L, ,
Mailing Address: 9821 Palma Vista Way
City: Boca Raton | State: FL | Zip Code: 33428-3528
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 ▼: 1200.00
Date of Receipt: 09 / 15 / 2017
Transaction ID : 4CABA73A5CC91BA93370
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slesinger, Todd, L, ,

Mailing Address 9821 Palma Vista Way

City: Boca Raton | State: FL | Zip Code: 33428-3528

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 462E8AD08150A30F05BF

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smaltz, Virgil, W, ,

Mailing Address 24 Bay View Ter

City: Geneva | State: NY | Zip Code: 14456-9768

FEC 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 ▼ 1200.00

Date of Receipt: M M 07 / D D 17 / Y Y Y Y 2017

Transaction ID : 4150A30671E36C1FA301

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smaltz, Virgil, W, ,

Mailing Address 24 Bay View Ter

City: Geneva | State: NY | Zip Code: 14456-9768

FEC 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 ▼ 1200.00

Date of Receipt: M M 08 / D D 17 / Y Y Y Y 2017

Transaction ID : 41EEA539081E8D2051F8

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smaltz, Virgil, W, ,

Mailing Address 24 Bay View Ter

City: Geneva | State: NY | Zip Code: 14456-9768

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 17 / Y Y Y Y 2017

Transaction ID : 41329D7CF7337AB6ACE7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smaltz, Virgil, W, ,

Mailing Address 24 Bay View Ter

City: Geneva | State: NY | Zip Code: 14456-9768

FEC 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 ▼ 1200.00

Date of Receipt: M M 10 / D D 17 / Y Y Y Y 2017

Transaction ID : 46BFA84D7F7BE855A3BB

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smaltz, Virgil, W, ,

Mailing Address 24 Bay View Ter

City: Geneva | State: NY | Zip Code: 14456-9768

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : 4FD799D44FB6DB49F32E

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smaltz, Virgil, W, ,

Mailing Address 24 Bay View Ter

City: Geneva | State: NY | Zip Code: 14456-9768

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 17 / Y Y Y Y 2017

Transaction ID : 4C008B582997789370E3

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smitek, Rachel, K, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-105

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smitek, Rachel, K, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-72

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Smitek, Rachel, K, ,
Mailing Address: 234 Lakeshore Dr
City: Mooresville | State: NC | Zip Code: 28117-7535
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1400.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-68
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Smitek, Rachel, K, ,
Mailing Address: 234 Lakeshore Dr
City: Mooresville | State: NC | Zip Code: 28117-7535
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1400.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-108
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Smitek, Rachel, K, ,
Mailing Address: 234 Lakeshore Dr
City: Mooresville | State: NC | Zip Code: 28117-7535
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1400.00
Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-177
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smitek, Rachel, K, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 201712181354-24

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smitek, Rachel, K, ,

Mailing Address 234 Lakeshore Dr

City: Mooresville | State: NC | Zip Code: 28117-7535

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-89

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Kristy, M, ,

Mailing Address 434 Country Club Ln

City: Canton | State: MI | Zip Code: 48188-3040

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 14 / Y Y Y Y 2017

Transaction ID : 4DCB52A4-04D6-45AE-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Michael, D, ,

Mailing Address 1025 State St

City: New Orleans | State: LA | Zip Code: 70118-5948

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Metro Health Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 12 / 2017

Transaction ID : 4654BFD5158E203C7C9B

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Michael, D, ,

Mailing Address 1025 State St

City: New Orleans | State: LA | Zip Code: 70118-5948

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Metro Health Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-105

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Sullivan, K, ,

Mailing Address 1 Medical Center Blvd

City: Cookeville | State: TN | Zip Code: 38501-4294

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 ▼ 1400.00

Date of Receipt: 07 / 15 / 2017

Transaction ID : 421FB7E795B266073CF4

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Sullivan, K, ,

Mailing Address 1 Medical Center Blvd

City: Cookeville | State: TN | Zip Code: 38501-4294

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 ▼ 1400.00

Date of Receipt: 08 / 15 / 2017

Transaction ID : 469DBCE557CBEFD36325

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Sullivan, K, ,

Mailing Address 1 Medical Center Blvd

City: Cookeville | State: TN | Zip Code: 38501-4294

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 ▼ 1400.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 49BFA74576B010E7381F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Sullivan, K, ,

Mailing Address 1 Medical Center Blvd

City: Cookeville | State: TN | Zip Code: 38501-4294

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 ▼ 1400.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 4D70ABCA6BB8F554EF05

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smith, Vernell, A, ,

Mailing Address 1555 Montebello Oaks Ct

City: Los Altos | State: CA | Zip Code: 94024-6162

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-517

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snediker, Daniel, , ,

Mailing Address 14713 Tudor Chase Dr

City: Tampa | State: FL | Zip Code: 33626-3340

FEC 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 ▼ 999.96

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-106

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snediker, Daniel, , ,

Mailing Address 14713 Tudor Chase Dr

City: Tampa | State: FL | Zip Code: 33626-3340

FEC 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 ▼ 999.96

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-73

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 239.97

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snediker, Daniel, , ,

Mailing Address 14713 Tudor Chase Dr

City: Tampa | State: FL | Zip Code: 33626-3340

FEC 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 ▼ 999.96

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-69

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snediker, Daniel, , ,

Mailing Address 14713 Tudor Chase Dr

City: Tampa | State: FL | Zip Code: 33626-3340

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-109

Amount of Each Receipt this Period: 83.33

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snediker, Daniel, , ,

Mailing Address 14713 Tudor Chase Dr

City: Tampa | State: FL | Zip Code: 33626-3340

FEC 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 ▼ 999.96

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-178

Amount of Each Receipt this Period: 83.33

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 249.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snediker, Daniel, , ,

Mailing Address 14713 Tudor Chase Dr

City: Tampa | State: FL | Zip Code: 33626-3340

FEC 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 ▼ 999.96

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-53

Amount of Each Receipt this Period: 83.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Aaron, M, ,

Mailing Address 9925 Silver Brook Dr

City: Rockville | State: MD | Zip Code: 20850-3653

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): MEP Health, LLC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 11 / D D 09 / Y Y Y Y 2017

Transaction ID : 6A10C10D1F43B3F5A4D

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Graham, Edwin, ,

Mailing Address 2520 Kenmore Dr

City: Raleigh | State: NC | Zip Code: 27608-1420

FEC 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 ▼ 300.00

Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017102216508-37

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1308.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Graham, Edwin, ,

Mailing Address 2520 Kenmore Dr

City: Raleigh | State: NC | Zip Code: 27608-1420

FEC 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 ▼ 300.00

Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017

Transaction ID : 2017120314503-24

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Graham, Edwin, ,

Mailing Address 2520 Kenmore Dr

City: Raleigh | State: NC | Zip Code: 27608-1420

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-54

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Snyder, Graham, Edwin, ,

Mailing Address 2520 Kenmore Dr

City: Raleigh | State: NC | Zip Code: 27608-1420

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-125

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sokol, Evangeline, , ,

Mailing Address 10565 SW 135th Ave

City: Beaverton | State: OR | Zip Code: 97008-9348

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 ▼ 365.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-106

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sokol, Rachael, , ,

Mailing Address 7040 NW Beaver Dr

City: Johnston | State: IA | Zip Code: 50131-1465

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Iowa Health Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 07 / 16 / 2017

Transaction ID : 4880AA4B73F8B5E2F2CA

Amount of Each Receipt this Period: 300.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sokol, Rachael, , ,

Mailing Address 7040 NW Beaver Dr

City: Johnston | State: IA | Zip Code: 50131-1465

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Iowa Health Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 4F389E71D77DE9DB58DE

Amount of Each Receipt this Period: 300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 965.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solari, Patrick, , ,

Mailing Address 8 Tulalip KY

City: Bellevue | State: WA | Zip Code: 98006-1028

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Fremont Emergency Medical Group

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : DBDB7619D2F24351E6C

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solomon, Robert, C, ,

Mailing Address 108 Saddle Ridge Dr

City: Oakdale | State: PA | Zip Code: 15071-3726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Resource Management Incorpor

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 1259AA07930641B69F92

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solomon, Robert, C, ,

Mailing Address 108 Saddle Ridge Dr

City: Oakdale | State: PA | Zip Code: 15071-3726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Resource Management Incorpor

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : EAE08D83E17E484B848A

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Solomon, Robert, C, ,
Mailing Address: 108 Saddle Ridge Dr
City: Oakdale | State: PA | Zip Code: 15071-3726
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Resource Management Incorpor
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 900.00
Date of Receipt: 09 / 15 / 2017
Transaction ID : 7131F1F8B2094E83AC24
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Solomon, Robert, C, ,
Mailing Address: 108 Saddle Ridge Dr
City: Oakdale | State: PA | Zip Code: 15071-3726
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Resource Management Incorpor
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 900.00
Date of Receipt: 10 / 15 / 2017
Transaction ID : 66D89CCAE9E84A8788C3
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Solomon, Robert, C, ,
Mailing Address: 108 Saddle Ridge Dr
City: Oakdale | State: PA | Zip Code: 15071-3726
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emergency Resource Management Incorpor
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 900.00
Date of Receipt: 11 / 15 / 2017
Transaction ID : F9028878A0394046990B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solomon, Robert, C, ,

Mailing Address 108 Saddle Ridge Dr

City: Oakdale | State: PA | Zip Code: 15071-3726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Resource Management Incorpor

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 12 / D D 15 / Y Y Y Y 2017

Transaction ID : 1069BD485D884980A28F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Spano, Susanne, J, ,

Mailing Address 446 E Lester Ave

City: Fresno | State: CA | Zip Code: 93720-1621

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 06 / Y Y Y Y 2017

Transaction ID : 176BD7B5-8775-4781-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Staff, Kristine, , ,

Mailing Address 28393 Corbara Pl

City: Wesley Chapel | State: FL | Zip Code: 33543-6442

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4FAFB643DEC9E9651955

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Staff, Kristine, , ,

Mailing Address 28393 Corbara Pl

City: Wesley Chapel | State: FL | Zip Code: 33543-6442

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4CC29F8FB48DEA54BE49

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Staff, Kristine, , ,

Mailing Address 28393 Corbara Pl

City: Wesley Chapel | State: FL | Zip Code: 33543-6442

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4A5EABCC625C569B6177

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Staff, Kristine, , ,

Mailing Address 28393 Corbara Pl

City: Wesley Chapel | State: FL | Zip Code: 33543-6442

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Tampa Bay Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 48521EB7-9359-42EA-

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stankus, Jennifer, L'Hommedieu, ,

Mailing Address 3110 Judson St
49

City: Gig Harbor | State: WA | Zip Code: 98335-1254

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Department Medical Group
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-108

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanton, Ryan, , ,

Mailing Address 106 Stonewall Dr

City: Nicholasville | State: KY | Zip Code: 40356-9624

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 ▼ 2200.00

Date of Receipt: M M 07 / D D 18 / Y Y Y Y 2017

Transaction ID : 4E819D55676951E344BA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanton, Ryan, , ,

Mailing Address 106 Stonewall Dr

City: Nicholasville | State: KY | Zip Code: 40356-9624

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 ▼ 2200.00

Date of Receipt: M M 08 / D D 18 / Y Y Y Y 2017

Transaction ID : 42B881F5762068C1705C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanton, Ryan, , ,

Mailing Address 106 Stonewall Dr

City: Nicholasville | State: KY | Zip Code: 40356-9624

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 ▼ 2200.00

Date of Receipt: 09 / 18 / 2017

Transaction ID : 4FA984691FCBD51538FE

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanton, Ryan, , ,

Mailing Address 106 Stonewall Dr

City: Nicholasville | State: KY | Zip Code: 40356-9624

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 ▼ 2200.00

Date of Receipt: 10 / 18 / 2017

Transaction ID : 4A43A86EA03F0F9366B8

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanton, Ryan, , ,

Mailing Address 106 Stonewall Dr

City: Nicholasville | State: KY | Zip Code: 40356-9624

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 ▼ 2200.00

Date of Receipt: 10 / 27 / 2017

Transaction ID : 42CB3D5A1237E147311

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stanzer, Melanie, T, ,

Mailing Address 820 Mission St
Unit 101

City: South Pasadena | State: CA | Zip Code: 91030-3459

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergent Medical Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-110

Amount of Each Receipt this Period: 365.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Starr, Gary, C, ,

Mailing Address 5012 Russell Ave S

City: Minneapolis | State: MN | Zip Code: 55410-2209

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 ▼ 300.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 4BE5A3D69EA89A0AB779

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Steffenson, Sandra, L, ,

Mailing Address 4 Valley High

City: Lafayette | State: CA | Zip Code: 94549-2418

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-524

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 538.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Steinmann, Richard, J, ,

Mailing Address 6919 Kassonta Dr

City: Jamesville | State: NY | Zip Code: 13078-9600

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Crouse Health Hospital, Inc

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 07 / D D 20 / Y Y Y Y 2017

Transaction ID : 20170806104321-92

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stern, Joel, B, ,

Mailing Address 16445 Collins Ave
Apt 2428

City: Sunny Isles Beach | State: FL | Zip Code: 33160-4558

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 ▼ 900.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : F76CDF414B6E8948D41

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stevenson, Jennifer, B, ,

Mailing Address 19 Kenberton Dr

City: Pleasant Ridge | State: MI | Zip Code: 48069-1015

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ER-One Incorporated

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4C98BD46C13DBA8C1A36

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stout, Wendy, J, ,

Mailing Address 837 Jokers Wild

City: Show Low | State: AZ | Zip Code: 85901-2910

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 ▼ 400.00

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-3

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Straface, Angela, L, ,

Mailing Address 3700 Imperial Dr

City: Flower Mound | State: TX | Zip Code: 75028-1631

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Code 3 Emergency Doctors
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-112

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strommen, Joshua, J, ,

Mailing Address 1807 Green Haven Dr

City: Belton | State: TX | Zip Code: 76513-1389

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lovelace Health System
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4A008DCD300A91F3C953

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1450.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strommen, Joshua, J, ,

Mailing Address 1807 Green Haven Dr

City: Belton | State: TX | Zip Code: 76513-1389

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lovelace Health System
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 08 / 15 / 2017

Transaction ID : 42C9B4651210CB5FB620

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strommen, Joshua, J, ,

Mailing Address 1807 Green Haven Dr

City: Belton | State: TX | Zip Code: 76513-1389

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Lovelace Health System
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 4635895211B511743A13

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strony, Robert, J, ,

Mailing Address 2517 Snydertown Rd

City: Danville | State: PA | Zip Code: 17821-7431

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 ▼ 300.00

Date of Receipt: 12 / 29 / 2017

Transaction ID : 467981DC488D2A7D1A43

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 200.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 07 / 13 / 2017

Transaction ID : 2017072117584-44

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-133

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 08 / 17 / 2017

Transaction ID : 2017090619207-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 09 / 12 / 2017

Transaction ID : 2017091913204-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 10 / 12 / 2017

Transaction ID : 2017102216508-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 10 / 31 / 2017

Transaction ID : 2017111211353-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 11 / 14 / 2017

Transaction ID : 2017120314503-38

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-50

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 12 / 07 / 2017

Transaction ID : 201712102154-12

Amount of Each Receipt this Period: 25.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stutz, Stanley, J, ,

Mailing Address 185 High Wood Dr

City: South Glastonbury | State: CT | Zip Code: 06073-2908

FEC 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 ▼ 600.00

Date of Receipt: 12 / 18 / 2017

Transaction ID : 2018010418353-140

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Subramaniam, Geeta, , ,

Mailing Address 1355 Queensferry Rd

City: Cary | State: NC | Zip Code: 27511-6569

FEC 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 ▼ 500.00

Date of Receipt: M M 07 / D D 13 / Y Y Y Y 2017

Transaction ID : 2017072117584-30

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Subramaniam, Geeta, , ,

Mailing Address 1355 Queensferry Rd

City: Cary | State: NC | Zip Code: 27511-6569

FEC 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 ▼ 500.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170815102322-25

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Subramaniam, Geeta, , ,

Mailing Address 1355 Queensferry Rd

City: Cary | State: NC | Zip Code: 27511-6569

FEC 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 ▼ 500.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091913204-37

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Subramaniam, Geeta, , ,

Mailing Address 1355 Queensferry Rd

City: Cary | State: NC | Zip Code: 27511-6569

FEC 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 ▼ 500.00

Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017

Transaction ID : 201712181354-55

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Subramaniam, Geeta, , ,

Mailing Address 1355 Queensferry Rd

City: Cary | State: NC | Zip Code: 27511-6569

FEC 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 ▼ 500.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-128

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sugarman, Thomas, Jerome, ,

Mailing Address 1115 Miller Ave

City: Berkeley | State: CA | Zip Code: 94708-1726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 890.57

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4695AA5E8F4BAA6EF550

Amount of Each Receipt this Period: 83.34

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 183.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sugarman, Thomas, Jerome, ,

Mailing Address 1115 Miller Ave

City: Berkeley | State: CA | Zip Code: 94708-1726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 890.57

Date of Receipt: 08 / 15 / 2017
Transaction ID : 46D7896679FC8DF8C66E

Amount of Each Receipt this Period: 83.34

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sugarman, Thomas, Jerome, ,

Mailing Address 1115 Miller Ave

City: Berkeley | State: CA | Zip Code: 94708-1726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 890.57

Date of Receipt: 09 / 15 / 2017
Transaction ID : 4BCA861DBFEF19E63FCA

Amount of Each Receipt this Period: 83.34

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sugarman, Thomas, Jerome, ,

Mailing Address 1115 Miller Ave

City: Berkeley | State: CA | Zip Code: 94708-1726

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP EM Advocacy Phys
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 890.57

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-530

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 239.99

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Suter, Robert, Eduard, ,

Mailing Address 5926 Saint Marks Cir

City: Dallas | State: TX | Zip Code: 75230-4048

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Texas Emergency Physicians PA
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-116

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutherland, Sara, F, ,

Mailing Address 515 Foxdale Ln

City: Charlottesvle | State: VA | Zip Code: 22903-9201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Virginia Department of E
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-117

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutton, Brian, , ,

Mailing Address 47 Stephanie Ln

City: Westfield | State: MA | Zip Code: 01085-1484

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Westfield Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 41978DFDA5F8A4CA9DF4

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutton, Brian, , ,

Mailing Address 47 Stephanie Ln

City: Westfield | State: MA | Zip Code: 01085-1484

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Westfield Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 42A8A9FE9F8B8EFC9EEA

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sutton, Brian, , ,

Mailing Address 47 Stephanie Ln

City: Westfield | State: MA | Zip Code: 01085-1484

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Westfield Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 46A1B37E05E88D97961D

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sweeney, Terence, J, ,

Mailing Address 925 Carolyn Ave

City: Modesto | State: CA | Zip Code: 95350-5209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.20

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-297

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 216.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sweeney, Terence, J, ,

Mailing Address 925 Carolyn Ave

City: Modesto | State: CA | Zip Code: 95350-5209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.20

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-206

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sweeney, Terence, J, ,

Mailing Address 925 Carolyn Ave

City: Modesto | State: CA | Zip Code: 95350-5209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.20

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-177

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sweeney, Terence, J, ,

Mailing Address 925 Carolyn Ave

City: Modesto | State: CA | Zip Code: 95350-5209

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.20

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-534

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 106.65

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Swiersz, Paul, , ,
Mailing Address 807 Landuff Ct
City: Cary | State: NC | Zip Code: 27519-8837
FEC 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 ▼ 300.00
Date of Receipt: 10 / 12 / 2017
Transaction ID : 2017102216508-38
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Swiersz, Paul, , ,
Mailing Address 807 Landuff Ct
City: Cary | State: NC | Zip Code: 27519-8837
FEC 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 ▼ 300.00
Date of Receipt: 11 / 14 / 2017
Transaction ID : 2017120314503-25
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Swiersz, Paul, , ,
Mailing Address 807 Landuff Ct
City: Cary | State: NC | Zip Code: 27519-8837
FEC 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 ▼ 300.00
Date of Receipt: 12 / 13 / 2017
Transaction ID : 201712181354-56
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swiersz, Paul, , ,

Mailing Address 807 Landuff Ct

City: Cary | State: NC | Zip Code: 27519-8837

FEC 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 ▼ 300.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-126

Amount of Each Receipt this Period: 25.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tamayo-Sarver, Joshua, Howland, ,

Mailing Address 19115 Green Forest Rd

City: Los Gatos | State: CA | Zip Code: 95033-7807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170721162819-317

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tamayo-Sarver, Joshua, Howland, ,

Mailing Address 19115 Green Forest Rd

City: Los Gatos | State: CA | Zip Code: 95033-7807

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-535

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 298.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tamsen, Mark, J, ,

Mailing Address PO Box 370630
Emer Care Dynamics

City: San Diego | State: CA | Zip Code: 92137-0630

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Care Dynamics
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 09 / 11 / 2017
Transaction ID : 2017091913204-40

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tasset, Jerry, Joseph, ,

Mailing Address 8200 Remington Rd

City: Cincinnati | State: OH | Zip Code: 45242-6507

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Premier Physician Services
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 08 / 01 / 2017
Transaction ID : 20170814155826-4

Amount of Each Receipt this Period: 200.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Teitge, Stefan, , ,

Mailing Address 1391 San Marcos Ct

City: Sn Luis Obisp | State: CA | Zip Code: 93401-5336

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-539

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 473.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tewodros, Abel, , ,

Mailing Address 7021 27th Ave NE

City: Seattle | State: WA | Zip Code: 98115-5843

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Eastside Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-1

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Thompson, James, D, ,

Mailing Address 3262 Starline Dr

City: Rch Palos Vrd | State: CA | Zip Code: 90275-6308

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : BD6C28662A349A25A95

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Totten, Vicken, Y, ,

Mailing Address 2145 N Terrace Ct

City: Visalia | State: CA | Zip Code: 93291-3147

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): CEP America

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : 2017102616815-26

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Totten, Vicken, Y, ,

Mailing Address 2145 N Terrace Ct

City: Visalia | State: CA | Zip Code: 93291-3147

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-545

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Traill, Larisa, May, ,

Mailing Address 2280 Ivy Hill Dr

City: Commerce Township | State: MI | Zip Code: 48382-5122

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 ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : BA6A1BABC1B3F4EC1BF

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tran, Louis, P, ,

Mailing Address 100 Scholz Plz
Apt 103

City: Newport Beach | State: CA | Zip Code: 92663-2600

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 440.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-546

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 746.62

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trosclair, Erik, A, ,

Mailing Address 1210 Woodlawn Dr NE

City: Marietta | State: GA | Zip Code: 30068-5514

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ApolloMD Group Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt: M M 12 / D D 03 / Y Y Y Y 2017

Transaction ID : 2017121020205-232

Amount of Each Receipt this Period: 8.33

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trotter, David, L, ,

Mailing Address 5401 S Ingleside Ave

City: Chicago | State: IL | Zip Code: 60615-5013

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-107

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trotter, David, L, ,

Mailing Address 5401 S Ingleside Ave

City: Chicago | State: IL | Zip Code: 60615-5013

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-74

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 208.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trotter, David, L, ,

Mailing Address 5401 S Ingleside Ave

City: Chicago | State: IL | Zip Code: 60615-5013

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-70

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trotter, David, L, ,

Mailing Address 5401 S Ingleside Ave

City: Chicago | State: IL | Zip Code: 60615-5013

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-110

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trotter, David, L, ,

Mailing Address 5401 S Ingleside Ave

City: Chicago | State: IL | Zip Code: 60615-5013

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-179

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Trotter, David, L, ,

Mailing Address 5401 S Ingleside Ave

City: Chicago | State: IL | Zip Code: 60615-5013

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-59

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Troutman, Gerad, A, ,

Mailing Address 7808 London Ct

City: Amarillo | State: TX | Zip Code: 79119-4998

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 ▼ 600.00

Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017

Transaction ID : 2017091912504-30

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Troutman, Gerad, A, ,

Mailing Address 7808 London Ct

City: Amarillo | State: TX | Zip Code: 79119-4998

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 ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-120

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 700.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Tucker, Cynthia, Jeanne, ,
Mailing Address: 7 Warwick Ter
City: Waterford | State: CT | Zip Code: 06385-4121
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 ▼: 900.00
Date of Receipt: 07 / 21 / 2017
Transaction ID : 2017072117584-108
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Tucker, Cynthia, Jeanne, ,
Mailing Address: 7 Warwick Ter
City: Waterford | State: CT | Zip Code: 06385-4121
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 ▼: 900.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-75
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Tucker, Cynthia, Jeanne, ,
Mailing Address: 7 Warwick Ter
City: Waterford | State: CT | Zip Code: 06385-4121
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 ▼: 900.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-71
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tucker, Cynthia, Jeanne, ,

Mailing Address 7 Warwick Ter

City: Waterford | State: CT | Zip Code: 06385-4121

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 ▼ 900.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-111

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tucker, Cynthia, Jeanne, ,

Mailing Address 7 Warwick Ter

City: Waterford | State: CT | Zip Code: 06385-4121

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 ▼ 900.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-180

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tucker, Cynthia, Jeanne, ,

Mailing Address 7 Warwick Ter

City: Waterford | State: CT | Zip Code: 06385-4121

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 ▼ 900.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-51

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tyndall, Joseph, Adrian, ,

Mailing Address 7962 SW 85th Ter

City: Gainesville | State: FL | Zip Code: 32608-5792

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): UF Department of Emergency Medicine Gr

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 28 / 2017

Transaction ID : 4657AB8A8E1B76D9E084

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Travis, , ,

Mailing Address 1240 Broadview Ave

City: Columbus | State: OH | Zip Code: 43212-3344

FEC 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 ▼ 1200.00

Date of Receipt: 07 / 21 / 2017

Transaction ID : 2017072117584-109

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Travis, , ,

Mailing Address 1240 Broadview Ave

City: Columbus | State: OH | Zip Code: 43212-3344

FEC 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 ▼ 1200.00

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-76

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Travis, , ,

Mailing Address 1240 Broadview Ave

City: Columbus | State: OH | Zip Code: 43212-3344

FEC 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 ▼ 1200.00

Date of Receipt: M M 09 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017092616204-72

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Travis, , ,

Mailing Address 1240 Broadview Ave

City: Columbus | State: OH | Zip Code: 43212-3344

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017120314503-112

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Travis, , ,

Mailing Address 1240 Broadview Ave

City: Columbus | State: OH | Zip Code: 43212-3344

FEC 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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-181

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Travis, , ,

Mailing Address 1240 Broadview Ave

City: Columbus | State: OH | Zip Code: 43212-3344

FEC 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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-100

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Underwood, Matthew, Brent, ,

Mailing Address 9799 Diamond St

City: Yucaipa | State: CA | Zip Code: 92399-2943

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-672

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Uren, Bradley, J, ,

Mailing Address 8115 Pettysville Rd

City: Pinckney | State: MI | Zip Code: 48169-8281

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 15 / Y Y Y Y 2017

Transaction ID : 4054BEF9455AA629BBCE

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 273.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Uren, Bradley, J, ,

Mailing Address 8115 Pettysville Rd

City: Pinckney | State: MI | Zip Code: 48169-8281

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 15 / Y Y Y Y 2017

Transaction ID : 4498AB575203DE21116B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Uren, Bradley, J, ,

Mailing Address 8115 Pettysville Rd

City: Pinckney | State: MI | Zip Code: 48169-8281

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 ▼ 1200.00

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : 4578A89F809F1D188765

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Uren, Bradley, J, ,

Mailing Address 8115 Pettysville Rd

City: Pinckney | State: MI | Zip Code: 48169-8281

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 42228D7E7C4919E00616

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Uren, Bradley, J, ,

Mailing Address 8115 Pettysville Rd

City: Pinckney | State: MI | Zip Code: 48169-8281

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 4D0B8816BAC888DABB19

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Uren, Bradley, J, ,

Mailing Address 8115 Pettysville Rd

City: Pinckney | State: MI | Zip Code: 48169-8281

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 28 / Y Y Y Y 2017

Transaction ID : 439EB669EA7C3F2EDFA9

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vasquez, Nicholas, F, ,

Mailing Address 2140 W Marlin Dr

City: Chandler | State: AZ | Zip Code: 85286-6787

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 ▼ 300.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 71E69AA5A285B9B5555

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Veitinger, Nicole, Ann, ,

Mailing Address 1991 Glenn Ave

City: Columbus | State: OH | Zip Code: 43212-1117

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Mid Ohio Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : D10487DA2B46F295DDF

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Venkat, Arvind, , ,

Mailing Address 105 Breckenridge Dr

City: Wexford | State: PA | Zip Code: 15090-9400

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 ▼ 700.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-110

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Venkat, Arvind, , ,

Mailing Address 105 Breckenridge Dr

City: Wexford | State: PA | Zip Code: 15090-9400

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 ▼ 700.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-77

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Venkat, Arvind, , ,

Mailing Address 105 Breckenridge Dr

City: Wexford | State: PA | Zip Code: 15090-9400

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 ▼ 700.00

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-73

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Venkat, Arvind, , ,

Mailing Address 105 Breckenridge Dr

City: Wexford | State: PA | Zip Code: 15090-9400

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 ▼ 700.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-113

Amount of Each Receipt this Period: 50.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Venkat, Arvind, , ,

Mailing Address 105 Breckenridge Dr

City: Wexford | State: PA | Zip Code: 15090-9400

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 ▼ 700.00

Date of Receipt: 11 / 28 / 2017

Transaction ID : 2017120314503-182

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Venkat, Arvind, , ,

Mailing Address 105 Breckenridge Dr

City: Wexford | State: PA | Zip Code: 15090-9400

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 ▼ 700.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-41

Amount of Each Receipt this Period: 50.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Verzemnieks, Erik, Janis, ,

Mailing Address 2752 N Clay St
Apt 304

City: Denver | State: CO | Zip Code: 80211-4227

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Care Point PC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 28 / 2017
Transaction ID : 2017111010353-122

Amount of Each Receipt this Period: 250.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Verzemnieks, Erik, Janis, ,

Mailing Address 2752 N Clay St
Apt 304

City: Denver | State: CO | Zip Code: 80211-4227

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Care Point PC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 201711121454-219

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Viccellio, Asa 'Peter', , ,

Mailing Address 19 Valleywood Ct E

City: Saint James | State: NY | Zip Code: 11780-1112

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 ▼ 500.00

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : CD8B9E2D5F2E556BA46

Amount of Each Receipt this Period: 500.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Villanueva, Rex, , ,

Mailing Address 5015 49th Ave S

City: Seattle | State: WA | Zip Code: 98118-2045

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-28

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vitkovitsky, Irena, , ,

Mailing Address 1829 Lafayette Ave

City: Saint Louis | State: MO | Zip Code: 63104-2507

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 ▼ 340.51

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-315

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1900.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vitkovitsky, Irena, , ,

Mailing Address 1829 Lafayette Ave

City: Saint Louis | State: MO | Zip Code: 63104-2507

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 ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-777

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
von Suhr, Nicole, Harris, ,

Mailing Address 3231 34th Ave S

City: Seattle | State: WA | Zip Code: 98144-6904

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: 12 / 31 / 2017
Transaction ID : 2018010418353-23

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagner, Jason, Cass, ,

Mailing Address 1045 Diversey Dr

City: Saint Louis | State: MO | Zip Code: 63126-1251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Washington University - Missouri
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 09 / 03 / 2017
Transaction ID : 4803A44161E597693C83

Amount of Each Receipt this Period: 150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1423.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagner, Jason, Cass, ,

Mailing Address 1045 Diversey Dr

City: Saint Louis | State: MO | Zip Code: 63126-1251

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Washington University - Missouri
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 12 / D D 03 / Y Y Y Y 2017

Transaction ID : 456C949994D47D3B9FD0

Amount of Each Receipt this Period: 150.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagner, Mary, Jo, ,

Mailing Address 5425 Nottingham Dr N

City: Saginaw | State: MI | Zip Code: 48603-2821

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 ▼ 1200.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : F1CE9B29-A4E3-4986-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walters, David, Todd, ,

Mailing Address 1175 Lake Blvd
Apt 143

City: Davis | State: CA | Zip Code: 95616-5651

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 16 / Y Y Y Y 2017

Transaction ID : 20170721162819-456

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1550.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walters, David, Todd, ,

Mailing Address 1175 Lake Blvd
Apt 143

City: Davis | State: CA | Zip Code: 95616-5651

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-574

Amount of Each Receipt this Period: 73.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Walters, Kathryn, , ,

Mailing Address 5624 Glenkirk Rd

City: Charlotte | State: NC | Zip Code: 28210-3012

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 11 / Y Y Y Y 2017

Transaction ID : 20170721162819-426

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wang, Roger, , ,

Mailing Address PO Box 41

City: Issaquah | State: WA | Zip Code: 98027-0003

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-31

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2473.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wassermann, Joel, , ,

Mailing Address 6533 Beach Dr SW

City: Seattle | State: WA | Zip Code: 98136-1300

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Eastside Emergency Physicians

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-11

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watling, Bradley, Alan, ,

Mailing Address 109 Viewpoint Ln

City: Mooresville | State: NC | Zip Code: 28117-7558

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-111

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watling, Bradley, Alan, ,

Mailing Address 109 Viewpoint Ln

City: Mooresville | State: NC | Zip Code: 28117-7558

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 ▼ 1200.00

Date of Receipt: M M 08 / D D 30 / Y Y Y Y 2017

Transaction ID : 2017090512207-78

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watling, Bradley, Alan, ,

Mailing Address 109 Viewpoint Ln

City: Mooresville | State: NC | Zip Code: 28117-7558

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 ▼ 1200.00

Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-74

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watling, Bradley, Alan, ,

Mailing Address 109 Viewpoint Ln

City: Mooresville | State: NC | Zip Code: 28117-7558

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 ▼ 1200.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-114

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watling, Bradley, Alan, ,

Mailing Address 109 Viewpoint Ln

City: Mooresville | State: NC | Zip Code: 28117-7558

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 ▼ 1200.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-183

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watling, Bradley, Alan, ,

Mailing Address 109 Viewpoint Ln

City: Mooresville | State: NC | Zip Code: 28117-7558

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-42

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watson, Matthew, J, ,

Mailing Address 640 Brannon Rd

City: Cumming | State: GA | Zip Code: 30041-6405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 04 / Y Y Y Y 2017

Transaction ID : 46FE8C30ED7D87801966

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watson, Matthew, J, ,

Mailing Address 640 Brannon Rd

City: Cumming | State: GA | Zip Code: 30041-6405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 08 / D D 04 / Y Y Y Y 2017

Transaction ID : 4E98BC7409F33C0F042B

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watson, Matthew, J, ,

Mailing Address 640 Brannon Rd

City: Cumming | State: GA | Zip Code: 30041-6405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 09 / 04 / 2017

Transaction ID : 414594BC36DA777C75A3

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watson, Matthew, J, ,

Mailing Address 640 Brannon Rd

City: Cumming | State: GA | Zip Code: 30041-6405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 10 / 04 / 2017

Transaction ID : 4455B3F9424B8215C807

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watson, Matthew, J, ,

Mailing Address 640 Brannon Rd

City: Cumming | State: GA | Zip Code: 30041-6405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 04 / 2017

Transaction ID : 49FFB5E367BC700C5972

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watson, Matthew, J, ,

Mailing Address 640 Brannon Rd

City: Cumming | State: GA | Zip Code: 30041-6405

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Northside Emergency Associates
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 04 / 2017
Transaction ID : 4C19BB1562CFF87C1B9E

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Webb, L Kendall, , ,

Mailing Address 6040 Oakbrook Ct

City: Ponte Vedra Beach | State: FL | Zip Code: 32082-2052

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): University of Florida Jacksonville
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 12 / 29 / 2017
Transaction ID : 4A36864D39FDAC71471F

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Deborah, E, ,

Mailing Address 1420 Shawnee Trl

City: Riverwoods | State: IL | Zip Code: 60015-1631

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 ▼ 1400.00

Date of Receipt: 10 / 28 / 2017
Transaction ID : 717AEC042857C788B13

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Webster, Anna, L, ,

Mailing Address 38 Newport Way

City: San Rafael | State: CA | Zip Code: 94901-4411

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 ▼ 300.00

Date of Receipt: 10 / 27 / 2017
Transaction ID : 85E15AE9816F0032732

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wehner, Daniel, R, ,

Mailing Address 355 Bliss St

City: Johnstown | State: PA | Zip Code: 15905-2755

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 ▼ 1200.00

Date of Receipt: 10 / 01 / 2017
Transaction ID : 25B7CFF5-8879-42E1-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wei, David, , ,

Mailing Address 1870 Laurel Pl

City: Concord | State: CA | Zip Code: 94521-1553

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-581

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1373.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weintz, Eric, Cortelyou, ,

Mailing Address 1148 Windsor Way

City: Menlo Park | State: CA | Zip Code: 94025-5067

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 08 / D D 24 / Y Y Y Y 2017

Transaction ID : 201709051354-8

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weintz, Eric, Cortelyou, ,

Mailing Address 1148 Windsor Way

City: Menlo Park | State: CA | Zip Code: 94025-5067

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-582

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weltge, Arlo, F, ,

Mailing Address 5213 Valerie St

City: Bellaire | State: TX | Zip Code: 77401-4826

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): ECI Healthcare Partners
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : 7AF47048-EE83-40A0-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1473.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wentzien, Erin, McNutt, ,

Mailing Address 16634 Marchmont Dr

City: Los Gatos | State: CA | Zip Code: 95032-5609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 07 / 13 / 2017
Transaction ID : 20170721162819-437

Amount of Each Receipt this Period: 200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wentzien, Erin, McNutt, ,

Mailing Address 16634 Marchmont Dr

City: Los Gatos | State: CA | Zip Code: 95032-5609

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-585

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wheelis, Michael, L, ,

Mailing Address PO Box 15349

City: New Orleans | State: LA | Zip Code: 70175-5349

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 ▼ 300.00

Date of Receipt: 10 / 30 / 2017
Transaction ID : 2017110920203-22

Amount of Each Receipt this Period: 200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 473.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whitehead, Dennis, C, ,

Mailing Address W9040 Peavy Falls Rd

City: Iron Mountain | State: MI | Zip Code: 49801-8924

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 ▼ 400.00

Date of Receipt: 10 / 28 / 2017
Transaction ID : 2017111010353-125

Amount of Each Receipt this Period: 400.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Whorton, Adrian, Meade, ,

Mailing Address 4533 W Laurel Dr NE

City: Seattle | State: WA | Zip Code: 98105-3840

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Evergreen Emergency Services LTD
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 08 / 2017
Transaction ID : 20170721162819-399

Amount of Each Receipt this Period: 500.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wiater, Joseph, , ,

Mailing Address 301 Pond Bluff Way

City: Cary | State: NC | Zip Code: 27513-6032

FEC 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 ▼ 600.00

Date of Receipt: 07 / 13 / 2017
Transaction ID : 2017072117584-32

Amount of Each Receipt this Period: 50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 950.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wiater, Joseph, , ,
Mailing Address: 301 Pond Bluff Way
City: Cary | State: NC | Zip Code: 27513-6032
FEC 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 ▼: 600.00
Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017
Transaction ID : 20170815102322-27
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wiater, Joseph, , ,
Mailing Address: 301 Pond Bluff Way
City: Cary | State: NC | Zip Code: 27513-6032
FEC 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 ▼: 600.00
Date of Receipt: M M 09 / D D 12 / Y Y Y Y 2017
Transaction ID : 2017091913204-39
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wiater, Joseph, , ,
Mailing Address: 301 Pond Bluff Way
City: Cary | State: NC | Zip Code: 27513-6032
FEC 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 ▼: 600.00
Date of Receipt: M M 10 / D D 12 / Y Y Y Y 2017
Transaction ID : 2017102216508-39
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wiater, Joseph, , ,
Mailing Address: 301 Pond Bluff Way
City: Cary | State: NC | Zip Code: 27513-6032
FEC 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 ▼: 600.00
Date of Receipt: M M 11 / D D 14 / Y Y Y Y 2017
Transaction ID : 2017120314503-26
Amount of Each Receipt this Period: 50.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wiater, Joseph, , ,
Mailing Address: 301 Pond Bluff Way
City: Cary | State: NC | Zip Code: 27513-6032
FEC 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 ▼: 600.00
Date of Receipt: M M 12 / D D 13 / Y Y Y Y 2017
Transaction ID : 201712181354-57
Amount of Each Receipt this Period: 50.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wiater, Joseph, , ,
Mailing Address: 301 Pond Bluff Way
City: Cary | State: NC | Zip Code: 27513-6032
FEC 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 ▼: 600.00
Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017
Transaction ID : 2018010418353-127
Amount of Each Receipt this Period: 50.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 150.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, James, M, ,

Mailing Address 1400 Carrollton Ave

City: Baltimore | State: MD | Zip Code: 21204-6517

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Impact Medical Services
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: M M 10 / D D 10 / Y Y Y Y 2017

Transaction ID : 2C5B1DB4-12EB-4E0E-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Sandra, , ,

Mailing Address 2021 Branard St

City: Houston | State: TX | Zip Code: 77098-2516

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Baylor College of Medicine Emergency M
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017111010353-126

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Thomas, R, ,

Mailing Address 8507 23rd Street Ct W

City: Tacoma | State: WA | Zip Code: 98466-2800

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 ▼ 200.02

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-192

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1816.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Willy, Mildred, J, ,

Mailing Address 5576 Hickory Ln

City: Bay City | State: MI | Zip Code: 48706-9722

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 10 / Y Y Y Y 2017

Transaction ID : 0C01C591-768C-4DEA-

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wilson, Cory, Allan, ,

Mailing Address 10625 W North Ave
Ste 102

City: Wauwatosa | State: WI | Zip Code: 53226-2315

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emergency Medicine Specialists SC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: M M 10 / D D 19 / Y Y Y Y 2017

Transaction ID : 1E98871348C847D6995A

Amount of Each Receipt this Period: 600.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winston, Lori, D, ,

Mailing Address 146 High Sierra Dr

City: Exeter | State: CA | Zip Code: 93221-9793

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 740.51

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : 7880CE3AC8039273D14

Amount of Each Receipt this Period: 600.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Winston, Lori, D, ,
Mailing Address: 146 High Sierra Dr
City: Exeter | State: CA | Zip Code: 93221-9793
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 740.51
Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-594
Amount of Each Receipt this Period: 73.31
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Winther, Mark, E, ,
Mailing Address: 315 Millingstone Way
City: Altamont | State: NY | Zip Code: 12009-4004
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2200.00
Date of Receipt: 07 / 01 / 2017
Transaction ID : 20170721162819-337
Amount of Each Receipt this Period: 1000.00
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Winther, Mark, E, ,
Mailing Address: 315 Millingstone Way
City: Altamont | State: NY | Zip Code: 12009-4004
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 2200.00
Date of Receipt: 07 / 08 / 2017
Transaction ID : 4ED2925D5C6F6B3C811B
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1173.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winther, Mark, E, ,

Mailing Address 315 Millingstone Way

City: Altamont | State: NY | Zip Code: 12009-4004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: M M 08 / D D 08 / Y Y Y Y 2017

Transaction ID : 4C29BBC898C2C8AA5B74

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winther, Mark, E, ,

Mailing Address 315 Millingstone Way

City: Altamont | State: NY | Zip Code: 12009-4004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : 4DBE82F402C3390E2F40

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winther, Mark, E, ,

Mailing Address 315 Millingstone Way

City: Altamont | State: NY | Zip Code: 12009-4004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: M M 10 / D D 08 / Y Y Y Y 2017

Transaction ID : 407AADEAE1DEDE9E7686

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winther, Mark, E, ,

Mailing Address 315 Millingstone Way

City: Altamont | State: NY | Zip Code: 12009-4004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: M M 11 / D D 08 / Y Y Y Y 2017

Transaction ID : 4E7CA4A440D2086BD594

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winther, Mark, E, ,

Mailing Address 315 Millingstone Way

City: Altamont | State: NY | Zip Code: 12009-4004

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Bassett Healthcare
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt: M M 12 / D D 08 / Y Y Y Y 2017

Transaction ID : 4F418AA7F2160FB056F0

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirtz, David, , ,

Mailing Address 1 Highgate NE

City: Ithaca | State: NY | Zip Code: 14850-1483

FEC 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 ▼ 1400.04

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-112

Amount of Each Receipt this Period: 116.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 316.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirtz, David, , ,

Mailing Address 1 Highgate NE

City: Ithaca | State: NY | Zip Code: 14850-1483

FEC 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 ▼ 1400.04

Date of Receipt: 08 / 30 / 2017

Transaction ID : 2017090512207-79

Amount of Each Receipt this Period: 116.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirtz, David, , ,

Mailing Address 1 Highgate NE

City: Ithaca | State: NY | Zip Code: 14850-1483

FEC 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 ▼ 1400.04

Date of Receipt: 09 / 21 / 2017

Transaction ID : 2017092616204-75

Amount of Each Receipt this Period: 116.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirtz, David, , ,

Mailing Address 1 Highgate NE

City: Ithaca | State: NY | Zip Code: 14850-1483

FEC 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 ▼ 1400.04

Date of Receipt: 11 / 01 / 2017

Transaction ID : 2017120314503-115

Amount of Each Receipt this Period: 116.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 350.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirtz, David, , ,

Mailing Address 1 Highgate NE

City: Ithaca | State: NY | Zip Code: 14850-1483

FEC 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 ▼ 1400.04

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-184

Amount of Each Receipt this Period: 116.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wirtz, David, , ,

Mailing Address 1 Highgate NE

City: Ithaca | State: NY | Zip Code: 14850-1483

FEC 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 ▼ 1400.04

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-60

Amount of Each Receipt this Period: 116.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wisniewski, Michael, S, ,

Mailing Address 2813 Elmira St

City: Denver | State: CO | Zip Code: 80238-2955

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC

Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-113

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 333.34

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wisniewski, Michael, S, ,
Mailing Address: 2813 Elmira St
City: Denver | State: CO | Zip Code: 80238-2955
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emer Service Phys, PC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-80
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wisniewski, Michael, S, ,
Mailing Address: 2813 Elmira St
City: Denver | State: CO | Zip Code: 80238-2955
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emer Service Phys, PC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-76
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Wisniewski, Michael, S, ,
Mailing Address: 2813 Elmira St
City: Denver | State: CO | Zip Code: 80238-2955
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Emer Service Phys, PC
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1200.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-116
Amount of Each Receipt this Period: 100.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wisniewski, Michael, S, ,

Mailing Address 2813 Elmira St

City: Denver | State: CO | Zip Code: 80238-2955

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 11 / 28 / 2017
Transaction ID : 2017120314503-185

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wisniewski, Michael, S, ,

Mailing Address 2813 Elmira St

City: Denver | State: CO | Zip Code: 80238-2955

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Emer Service Phys, PC
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: 12 / 21 / 2017
Transaction ID : 2018010418353-85

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: 07 / 01 / 2017
Transaction ID : 20170721162819-339

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 216.67

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: M M 08 / D D 01 / Y Y Y Y 2017

Transaction ID : 20170814155826-180

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-185

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: M M 10 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017101523203-330

Amount of Each Receipt this Period: 16.67

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 50.01

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: M M 11 / D D 01 / Y Y Y Y 2017

Transaction ID : 201711121454-230

Amount of Each Receipt this Period: 16.67

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: M M 12 / D D 01 / Y Y Y Y 2017

Transaction ID : 2017121020205-194

Amount of Each Receipt this Period: 16.67

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, John, L, ,

Mailing Address 2724 Grey Fox Ct

City: Haddock | State: GA | Zip Code: 31033-6009

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 ▼ 373.85

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-617

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 106.65

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wood, Nathanael, , ,

Mailing Address 8421 SE 33rd Pl

City: Mercer Island | State: WA | Zip Code: 98040-3007

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-22

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodmansee, Susan, , ,

Mailing Address 640 Robinson Way

City: Benicia | State: CA | Zip Code: 94510-3947

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 07 / D D 27 / Y Y Y Y 2017

Transaction ID : 20170806104321-107

Amount of Each Receipt this Period: 200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodmansee, Susan, , ,

Mailing Address 640 Robinson Way

City: Benicia | State: CA | Zip Code: 94510-3947

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-596

Amount of Each Receipt this Period: 73.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1473.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wooster, Laura, , ,

Mailing Address PO Box 619911
ACEP

City: Dallas | State: TX | Zip Code: 75261-9911

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 ▼ 300.00

Date of Receipt: 12 / 28 / 2017

Transaction ID : 4B6CBA238F5FB8EF0D0C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyatt, Thomas, E, ,

Mailing Address 3925 Drew Ave S

City: Minneapolis | State: MN | Zip Code: 55410-1049

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 ▼ 1200.00

Date of Receipt: 07 / 15 / 2017

Transaction ID : 4CC1B5EB491D79ADDA8B

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyatt, Thomas, E, ,

Mailing Address 3925 Drew Ave S

City: Minneapolis | State: MN | Zip Code: 55410-1049

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 ▼ 1200.00

Date of Receipt: 08 / 15 / 2017

Transaction ID : 4DC9AFD6BFE584B175C5

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyatt, Thomas, E, ,

Mailing Address 3925 Drew Ave S

City: Minneapolis | State: MN | Zip Code: 55410-1049

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 ▼ 1200.00

Date of Receipt: 09 / 15 / 2017

Transaction ID : 4AFFB553530A802EDB64

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyatt, Thomas, E, ,

Mailing Address 3925 Drew Ave S

City: Minneapolis | State: MN | Zip Code: 55410-1049

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 ▼ 1200.00

Date of Receipt: 10 / 29 / 2017

Transaction ID : 429EBE8EAE59BE166A1C

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyatt, Thomas, E, ,

Mailing Address 3925 Drew Ave S

City: Minneapolis | State: MN | Zip Code: 55410-1049

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 ▼ 1200.00

Date of Receipt: 11 / 29 / 2017

Transaction ID : 45F5B651810A7923B4D7

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
[x] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wyatt, Thomas, E, ,

Mailing Address 3925 Drew Ave S

City: Minneapolis | State: MN | Zip Code: 55410-1049

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 29 / Y Y Y Y 2017

Transaction ID : 4EF2BF2409F9F1F66729

Amount of Each Receipt this Period: 100.00

[ ] Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yandell, Diana, , ,

Mailing Address 4145 Mitchell Rd

City: Eureka | State: CA | Zip Code: 95503-9738

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 240.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-599

Amount of Each Receipt this Period: 73.31

[ ] Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yore, Liam, , ,

Mailing Address 15350 162nd Ave NE

City: Woodinville | State: WA | Zip Code: 98072-8932

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Sound Emergency Medicine
Occupation (for Individual): Emergency Physician

Receipt For: [ ] Primary [ ] General [ ] Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 09 / D D 10 / Y Y Y Y 2017

Transaction ID : 480FACB30719BF71183B

Amount of Each Receipt this Period: 300.00

[ ] Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 473.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yore, Liam, , ,

Mailing Address 15350 162nd Ave NE

City: Woodinville | State: WA | Zip Code: 98072-8932

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): North Sound Emergency Medicine
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 12 / D D 10 / Y Y Y Y 2017

Transaction ID : 4606AE3E7AC9D11DCEAE

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Young, Andrew, , ,

Mailing Address 3122 223rd St SE

City: Bothell | State: WA | Zip Code: 98021-3541

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Eastside Emergency Physicians
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt: M M 12 / D D 31 / Y Y Y Y 2017

Transaction ID : 2018010418353-3

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City: Dallas | State: TX | Zip Code: 75206-6329

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 ▼ 1200.00

Date of Receipt: M M 07 / D D 21 / Y Y Y Y 2017

Transaction ID : 2017072117584-114

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City: Dallas | State: TX | Zip Code: 75206-6329

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 ▼ 1200.00

Date of Receipt: 08 / 30 / 2017
Transaction ID : 2017090512207-81

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City: Dallas | State: TX | Zip Code: 75206-6329

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 ▼ 1200.00

Date of Receipt: 09 / 21 / 2017
Transaction ID : 2017092616204-77

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City: Dallas | State: TX | Zip Code: 75206-6329

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 ▼ 1200.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : 2017120314503-117

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 300.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City: Dallas | State: TX | Zip Code: 75206-6329

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 ▼ 1200.00

Date of Receipt: M M 11 / D D 28 / Y Y Y Y 2017

Transaction ID : 2017120314503-186

Amount of Each Receipt this Period: 100.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zayac, Carl, , ,

Mailing Address 5901 Velasco Ave

City: Dallas | State: TX | Zip Code: 75206-6329

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 ▼ 1200.00

Date of Receipt: M M 12 / D D 21 / Y Y Y Y 2017

Transaction ID : 2018010418353-44

Amount of Each Receipt this Period: 100.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zeitzer, Mark, , ,

Mailing Address 8127 SW 54th Ave

City: Portland | State: OR | Zip Code: 97219-3204

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 ▼ 300.00

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : 201709111453-187

Amount of Each Receipt this Period: 25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 225.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zeitzer, Mark, , ,
Mailing Address: 8127 SW 54th Ave
City: Portland | State: OR | Zip Code: 97219-3204
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 ▼: 300.00
Date of Receipt: 10 / 01 / 2017
Transaction ID : 2017101523203-333
Amount of Each Receipt this Period: 25.00
☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zeitzer, Mark, , ,
Mailing Address: 8127 SW 54th Ave
City: Portland | State: OR | Zip Code: 97219-3204
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 ▼: 300.00
Date of Receipt: 11 / 01 / 2017
Transaction ID : 201711121454-233
Amount of Each Receipt this Period: 25.00
☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zeitzer, Mark, , ,
Mailing Address: 8127 SW 54th Ave
City: Portland | State: OR | Zip Code: 97219-3204
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 ▼: 300.00
Date of Receipt: 12 / 01 / 2017
Transaction ID : 2017121020205-199
Amount of Each Receipt this Period: 25.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 75.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zimmer, Gary, David, ,

Mailing Address 419 Boxwood Rd

City: Bryn Mawr | State: PA | Zip Code: 19010-1254

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 ▼ 1875.00

Date of Receipt: 07 / 15 / 2017

Transaction ID : 4228B8E7B124145033DF

Amount of Each Receipt this Period: 625.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zink, Anne, , ,

Mailing Address 1605 N Harmony Ave

City: Palmer | State: AK | Zip Code: 99645-8623

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 ▼ 1200.00

Date of Receipt: 10 / 28 / 2017

Transaction ID : 2017111010353-127

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zinkel, Andrew, R, ,

Mailing Address 5517 Oaklawn Ave

City: Minneapolis | State: MN | Zip Code: 55424-1612

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Regions Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2100.00

Date of Receipt: 07 / 15 / 2017

Transaction ID : 4EF3B14A81D67BB343D2

Amount of Each Receipt this Period: 100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1925.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zinkel, Andrew, R, ,
Mailing Address: 5517 Oaklawn Ave
City: Minneapolis | State: MN | Zip Code: 55424-1612
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Regions Medical Center
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2100.00
Date of Receipt: 08 / 15 / 2017
Transaction ID : 4DDEA92FB1F287445040
Amount of Each Receipt this Period: 100.00
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zinkel, Andrew, R, ,
Mailing Address: 5517 Oaklawn Ave
City: Minneapolis | State: MN | Zip Code: 55424-1612
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Regions Medical Center
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2100.00
Date of Receipt: 09 / 15 / 2017
Transaction ID : 47E3BB9E70472303AE9D
Amount of Each Receipt this Period: 100.00
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zinkel, Andrew, R, ,
Mailing Address: 5517 Oaklawn Ave
City: Minneapolis | State: MN | Zip Code: 55424-1612
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Regions Medical Center
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 2100.00
Date of Receipt: 10 / 26 / 2017
Transaction ID : 41628D4A71E4363809B
Amount of Each Receipt this Period: 1200.00
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1400.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zito, Joseph, A, ,

Mailing Address 5 Beaver Dr

City: Locust Valley | State: NY | Zip Code: 11560-2308

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 ▼ 300.00

Date of Receipt: M M 10 / D D 29 / Y Y Y Y 2017

Transaction ID : 48D08FBF62A91820A67A

Amount of Each Receipt this Period: 300.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zlidenny, Alexander, M, ,

Mailing Address 1200 Boston St

City: Altadena | State: CA | Zip Code: 91001-3124

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 340.51

Date of Receipt: M M 12 / D D 18 / Y Y Y Y 2017

Transaction ID : 2018010418353-606

Amount of Each Receipt this Period: 73.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zwank, Michael, D, ,

Mailing Address 2150 Bayard Ave

City: Saint Paul | State: MN | Zip Code: 55116-1235

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Regions Medical Center
Occupation (for Individual): Emergency Physician

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: M M 07 / D D 12 / Y Y Y Y 2017

Transaction ID : FC9E9B959F7FC9EAB82

Amount of Each Receipt this Period: 1200.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1573.31

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Zweig, Donald, , ,
Mailing Address: 827 Carolyn Ave
City: Modesto | State: CA | Zip Code: 95354-0104
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): CEP America
Occupation (for Individual): Emergency Physician
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 240.51
Date of Receipt: 12 / 18 / 2017
Transaction ID : 2018010418353-607
Amount of Each Receipt this Period: 73.31
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name:
Mailing Address:
City: | State: | Zip Code:
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual):
Occupation (for Individual):
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼:
Date of Receipt: M M / D D / Y Y Y Y
Amount of Each Receipt this Period:
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 73.31

TOTAL This Period (last page this line number only) ▶ 323443.59

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial)
JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City: Dallas | State: TX | Zip Code: 75201

Purpose of Disbursement: 07/31/17 BANK FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C

Transaction ID : 8E99D0D771

Amount of Each Disbursement this Period: 691.29

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City: Dallas | State: TX | Zip Code: 75201

Purpose of Disbursement: 08/31/17 BANK FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 08 / 31 / 2017

FEC Identification Number: C

Transaction ID : 1CD4EFFDDE

Amount of Each Disbursement this Period: 598.78

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City: Dallas | State: TX | Zip Code: 75201

Purpose of Disbursement: 09/30/17 BANK FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 09 / 30 / 2017

FEC Identification Number: C

Transaction ID : 373062B67D

Amount of Each Disbursement this Period: 386.80

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1676.87

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
- [x] 21b
- [ ] 22
- [ ] 23
- [ ] 26
- [ ] 27
- [ ] 28a
- [ ] 28b
- [ ] 28c
- [ ] 29
- [ ] 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial)
JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City: Dallas | State: TX | Zip Code: 75201

Purpose of Disbursement: 10/31/17 BANK FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement: 10 / 31 / 2017

FEC Identification Number: C

Transaction ID : 221DF0B954(

Amount of Each Disbursement this Period: 612.79

[ ] Memo Item

B. Full Name (Last, First, Middle Initial)
JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City: Dallas | State: TX | Zip Code: 75201

Purpose of Disbursement: 11/30/17 BANK FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

Date of Disbursement: 11 / 30 / 2017

FEC Identification Number: C

Transaction ID : 6016D9B2FE8

Amount of Each Disbursement this Period: 2084.01

[ ] Memo Item

C. Full Name (Last, First, Middle Initial)
JPMorgan Chase Bank NA

Mailing Address 1717 Main Street
3rd Floor

City: Dallas | State: TX | Zip Code: 75201

Purpose of Disbursement: 12/31/17 BANK FEES

Candidate Name:

Category/Type: 001

Office Sought: [ ] House [ ] Senate [ ] President

State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

Date of Disbursement: 12 / 31 / 2017

FEC Identification Number: C

Transaction ID : F3D38A1DB5

Amount of Each Disbursement this Period: 490.14

[ ] Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3186.94

TOTAL This Period (last page this line number only) ▶ 4863.81

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): 21St Century Majority Fund
Mailing Address: Post Office Box 20475
City: Atlanta | State: GA | Zip Code: 30325-0475
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: 21St Century Majority Fund
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00361956
Transaction ID : 287B619DEB
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Alaskans For Don Young
Mailing Address: 2504 Fairbanks St
City: Anchorage | State: AK | Zip Code: 99503-2822
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Young, Donald, Edwin, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: AK District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 16 / 2017
FEC Identification Number: C C00012229
Transaction ID : BBA348EBA2
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): All For Our Country Leadership PAC
Mailing Address: 611 Pennsylvania Ave Se, #143
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: All For Our Country Leadership PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00629212
Transaction ID : B788533515
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial)
American Innovation Political Action Committee (AMI PAC)

Mailing Address PO Box 582496

City: Elk Grove | State: CA | Zip Code: 95758

Purpose of Disbursement: 2017 Contribution

Candidate Name: American Innovation Political Action Committee (AMI PAC)

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement: M M 12 / D D 07 / Y Y Y Y 2017

FEC Identification Number: C C00561779
Transaction ID : 2BA241B02D

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
AMERIPAC: The Fund for a Greater America

Mailing Address 700 13Th Street NW
Suite 600

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: 2017 Contribution

Candidate Name: AMERIPAC: The Fund for a Greater America

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) Contribution

Date of Disbursement: M M 07 / D D 26 / Y Y Y Y 2017

FEC Identification Number: C C00271338
Transaction ID : 7D7B576614C

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Amodei For Nevada

Mailing Address 503 N Division St

City: Carson City | State: NV | Zip Code: 89703

Purpose of Disbursement: 2018 Primary

Candidate Name: Amodei, Mark, Eugene, ,

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: NV District: 02

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: M M 10 / D D 12 / Y Y Y Y 2017

FEC Identification Number: C C00496760
Transaction ID : F564383E549

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Andy Harris For Congress
Mailing Address: PO Box 426
City: Stevensville | State: MD | Zip Code: 21666
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Harris, Andrew, P., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00435974
Transaction ID : 41D50BEC92
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Andy Harris For Congress
Mailing Address: PO Box 426
City: Stevensville | State: MD | Zip Code: 21666
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: Harris, Andrew, P., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 01
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2017
FEC Identification Number: C C00435974
Transaction ID : 2AC4B6CA91
Amount of Each Disbursement this Period: – 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Angus King For US Senate Campaign
Mailing Address: 114 Maine Street Suite 1A
PO Box 368
City: Brunswick | State: ME | Zip Code: 04011
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: King, Angus, Stanley, , Jr.
Office Sought: ☐ House ☒ Senate ☐ President
State: ME District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00516047
Transaction ID : E0E3691275(
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Anthony Brown For Congress
Mailing Address: 12138 Central Ave #671
City: Bowie | State: MD | Zip Code: 20721
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Brown, Anthony, Gregory, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 04
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00574640
Transaction ID : 391589268B2
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Austin Scott For Congress Inc
Mailing Address: PO Box 2530
City: Tifton | State: GA | Zip Code: 31793
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Scott, James, Austin, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00482737
Transaction ID : 3A0757EFDD
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Austin Scott For Congress Inc
Mailing Address: PO Box 2530
City: Tifton | State: GA | Zip Code: 31793
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Scott, James, Austin, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00482737
Transaction ID : A4937904977
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Bcy Committee
Mailing Address: 824 S Milledge Ave Ste 101
City: Athens | State: GA | Zip Code: 30605
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Bcy Committee
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C
Transaction ID : 8C293975533
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Bcy Committee
Mailing Address: 824 S Milledge Ave Ste 101
City: Athens | State: GA | Zip Code: 30605
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Bcy Committee
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 30 / 2017
FEC Identification Number: C
Transaction ID : CB85F3C025
Amount of Each Disbursement this Period: – 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Ben Cardin For Senate, Inc.
Mailing Address: P.O. Box 21093
City: Catonsville | State: MD | Zip Code: 21228
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Cardin, Benjamin, L., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: MD District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00411587
Transaction ID : 28D0F37684
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Bera For Congress
Mailing Address: PO Box 582496
City: Elk Grove | State: CA | Zip Code: 95758
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bera, Amerish, B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00461061
Transaction ID : 1040FA9C6BI
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Bera For Congress
Mailing Address: PO Box 582496
City: Elk Grove | State: CA | Zip Code: 95758
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bera, Amerish, B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00461061
Transaction ID : 1D857D131BE
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Bilirakis For Congress
Mailing Address: PO Box 606
City: Tarpon Springs | State: FL | Zip Code: 34688-0606
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bilirakis, Gus, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 12
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00408534
Transaction ID : 1F8529F891D
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Bill Flores For Congress
Mailing Address: PO Box 6207
City: Bryan | State: TX | Zip Code: 77805
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Flores, William, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 17
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00472241
Transaction ID : 9313D61CD1(
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Bill Flores For Congress
Mailing Address: PO Box 6207
City: Bryan | State: TX | Zip Code: 77805
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Flores, William, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 17
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00472241
Transaction ID : 10CBDD6A55
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Bill Nelson For U S Senate
Mailing Address: 972 W Whitmire Drive
City: Melbourne | State: FL | Zip Code: 32935
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Nelson, Bill, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: FL District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00344051
Transaction ID : AFE4D9556D
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Bill PAC
Mailing Address: 824 S. Milledge Ave. Ste. 101
City: Athens | State: GA | Zip Code: 30605
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Bill PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00412288
Transaction ID : 3657ED8DD4
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Billy Long For Congress
Mailing Address: 3246 E Ridgeview St
City: Springfield | State: MO | Zip Code: 65804-4076
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Long, William, H., , II
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00460063
Transaction ID : 7FB344C8473
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Blaine For Congress
Mailing Address: PO Box 98
City: St. Elizabeth | State: MO | Zip Code: 65075
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Luetkemeyer, W. Blaine, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00458679
Transaction ID : 9ECB93654F
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Blue Power PAC
Mailing Address: PO Box 8846
City: Collingswood | State: NJ | Zip Code: 08108-8846
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Blue Power PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00575894
Transaction ID : 7DE42268D5
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Blue Power PAC
Mailing Address: PO Box 8846
City: Collingswood | State: NJ | Zip Code: 08108-8846
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Blue Power PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 04 / 2017
FEC Identification Number: C C00575894
Transaction ID : 79EF6FAFF4
Amount of Each Disbursement this Period: – 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Blumenauer For Congress
Mailing Address: 901 SE Oak Street, Suite 105
City: Portland | State: OR | Zip Code: 97214
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Blumenauer, Earl, Francis, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00307314
Transaction ID : 6FDDD495D
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Bonamici For Congress
Mailing Address: PO Box 1632
City: Beaverton | State: OR | Zip Code: 97075
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bonamici, Suzanne, Marie, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00500421
Transaction ID : 67551B4AA1I
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Bonamici For Congress
Mailing Address: PO Box 1632
City: Beaverton | State: OR | Zip Code: 97075
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bonamici, Suzanne, Marie, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 04 / 2017
FEC Identification Number: C C00500421
Transaction ID : 8587C1489BE
Amount of Each Disbursement this Period: – 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): BRETTPAC-The Leadership PAC of U.S.Represenative Brett Guthrie
Mailing Address: 504 Derek Avenue
City: Elizabethtown | State: KY | Zip Code: 42701-9168
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: BRETTPAC-The Leadership PAC of U.S.Represenative Brett Guthrie
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00483487
Transaction ID : A0FF20C062
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Brian Fitzpatrick For Congress
Mailing Address: PO Box 939
City: Langhorne | State: PA | Zip Code: 19047
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Fitzpatrick, Brian, K., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 08
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00607416
Transaction ID : 232C1FC56F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Brian Fitzpatrick For Congress
Mailing Address: PO Box 939
City: Langhorne | State: PA | Zip Code: 19047
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Fitzpatrick, Brian, K., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 08
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00607416
Transaction ID : 32FE60BD14
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Bucshon For Congress
Mailing Address: PO Box 250
City: Newburgh | State: IN | Zip Code: 47629
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bucshon, Larry, Dean, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00468256
Transaction ID : A606F994AF
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Buddy Carter For Congress
Mailing Address: PO Box 10570
City: Savannah | State: GA | Zip Code: 31412
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Carter, Earl, L. B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00543967
Transaction ID : 321F3BF1606
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Buddy Carter For Congress
Mailing Address: PO Box 10570
City: Savannah | State: GA | Zip Code: 31412
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Carter, Earl, L. B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00543967
Transaction ID : 3058CD725A9
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Building America's Republican Representation PAC
Mailing Address: 332 W Lee Hwy # 303
City: Warrenton | State: VA | Zip Code: 20186
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Building America's Republican Representation PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00572271
Transaction ID : 0D8D09850B
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Carper For Senate
Mailing Address: PO Box 2882
City: Wilmington | State: DE | Zip Code: 19805
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Carper, Thomas, Richard, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: DE District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00349217
Transaction ID : FA048AD5AD
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Castor For Congress
Mailing Address: 301 W Platt Street, #385
City: Tampa | State: FL | Zip Code: 33606
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Castor, Katherine, Anne, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00410761
Transaction ID : D92DC244C37
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Castor For Congress
Mailing Address: 301 W Platt Street, #385
City: Tampa | State: FL | Zip Code: 33606
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Castor, Katherine, Anne, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00410761
Transaction ID : 438EC53A24
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Cathy McMorris Rodgers For Congress
Mailing Address: Box 137
City: Spokane | State: WA | Zip Code: 99210-0137
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: McMorris Rodgers, Cathy, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00390476
Transaction ID : 4B14873597E
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Charlie Crist For Congress
Mailing Address: PO Box 1547
City: St. Petersburg | State: FL | Zip Code: 33731
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Crist, Charlie, J., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 13
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00590067
Transaction ID : F42373F795E
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): CHC BOLD PAC
Mailing Address: PO Box 75357
City: Washington | State: DC | Zip Code: 20013
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: CHC BOLD PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00365536
Transaction ID : 034A7A8837
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Chuck Fleischmann For Congress Committee, Inc.
Mailing Address: P.O. Box 11091
City: Chattanooga State: TN Zip Code: 37401
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Fleischmann, Charles, J., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00461822
Transaction ID : B51410854FA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Citizens For Rush
Mailing Address: P. O. Box 7292
City: Chicago State: IL Zip Code: 60680-7292
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rush, Bobby, Lee, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00257121
Transaction ID : EFCB72269FI
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Citizens To Elect Rick Larsen
Mailing Address: PO Box 326
City: Everett State: WA Zip Code: 98206
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Larsen, Rick, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00345546
Transaction ID : 5C24052409E
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Citizens To Elect Rick Larsen
Mailing Address: PO Box 326
City: Everett | State: WA | Zip Code: 98206
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Larsen, Rick, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00345546
Transaction ID : 6CB54AC2B1
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): CMR Political Action Committee
Mailing Address: PO Box 2485
City: Springfield | State: VA | Zip Code: 22152-0485
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: CMR Political Action Committee
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00469429
Transaction ID : D0F82640B48
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Coffman For Congress 2018
Mailing Address: 4950 S Yosemite Street F2 #511
City: Greenwood Village | State: CO | Zip Code: 80111
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Coffman, Michael, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00629287
Transaction ID : D2E501FB28
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Collins For Senator
Mailing Address: PO Box 1096
City: Bangor | State: ME | Zip Code: 04402
Purpose of Disbursement: 2020 Primary
Category/Type: 011
Candidate Name: Collins, Susan, Margaret, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: ME District:
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00314575
Transaction ID : B65F47BB44
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Committee To Re-Elect Linda Sanchez
Mailing Address: 410 1St St SE Suite 310
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Sanchez, Linda, T., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 38
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00384057
Transaction ID : A602EEE8E8
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Common Ground PAC
Mailing Address: 1751 Potomac Greens Dr
City: Alexandria | State: VA | Zip Code: 22314-6233
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Common Ground PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00538835
Transaction ID : B8299DD38F
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Common Sense Colorado
Mailing Address: PO Box 1978
City: Denver | State: CO | Zip Code: 80201
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Common Sense Colorado
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00491936
Transaction ID : F5A52C0DC7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Common Sense Colorado
Mailing Address: PO Box 1978
City: Denver | State: CO | Zip Code: 80201
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Common Sense Colorado
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00491936
Transaction ID : DF55605C72E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Comstock For Congress
Mailing Address: PO Box 831
City: Mc Lean | State: VA | Zip Code: 22101-0831
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Comstock, Barbara, Jean, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00554261
Transaction ID : 696687AA58
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Comstock For Congress
Mailing Address: PO Box 831
City: Mc Lean | State: VA | Zip Code: 22101-0831
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Comstock, Barbara, Jean, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00554261
Transaction ID : 56354C9A3BI
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Conservative Oppurtunity Leadership And Enterprise PAC (COLE PAC)
Mailing Address: 12176 Chancery Station Circle
City: Reston | State: VA | Zip Code: 20190
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Conservative Oppurtunity Leadership And Enterprise PAC (COLE PAC)
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00404392
Transaction ID : 6CB223F41B2
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Cramer For Congress
Mailing Address: PO Box 396
City: Bismarck | State: ND | Zip Code: 58502-0396
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Cramer, Kevin, John, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: ND District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00504704
Transaction ID : 7581AAECB3
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Crowley For Congress
Mailing Address: 80-22 Northern Blvd.
City: Jackson Heights | State: NY | Zip Code: 11372
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Crowley, Joseph, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00338954
Transaction ID : A83EAA828F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Darren Soto For Congress
Mailing Address: P.O. Box 420239
City: Kissimmee | State: FL | Zip Code: 34742
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Soto, Darren, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 09
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00581074
Transaction ID : EB44EC9A75
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): David Rouzer For Congress
Mailing Address: PO Box 3142
City: Wilmington | State: NC | Zip Code: 28406
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rouzer, David, Cheston, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00501643
Transaction ID : 2E7D58E8B0
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): David Rouzer For Congress
Mailing Address: PO Box 3142
City: Wilmington | State: NC | Zip Code: 28406
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rouzer, David, Cheston, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 04 / 2017
FEC Identification Number: C C00501643
Transaction ID : CACD0FF30F
Amount of Each Disbursement this Period: – 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): David Scott For Congress
Mailing Address: P.O. Box 960821
City: Riverdale | State: GA | Zip Code: 30296
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Scott, David, Albert, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 13
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00369801
Transaction ID : 6CB3D94927I
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): DCCC
Mailing Address: 430 South Capitol Street, SE
2Nd Floor
City: Washington | State: DC | Zip Code: 20003-4024
Purpose of Disbursement: 2017 Building Fund Contribution
Category/Type: 011
Candidate Name: DCCC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00000935
Transaction ID : 0C4AC69D46
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Deb Fischer For US Senate Inc
Mailing Address: 5555 South St
City: Lincoln | State: NE | Zip Code: 68506
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Fischer, Debra, S., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NE District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00498907
Transaction ID : E0B3CC2B88
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Debbie Dingell For Congress
Mailing Address: 19855 W. Outer Dr. Ste 103 Ae
City: Dearborn | State: MI | Zip Code: 48124
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Dingell, Deborah, Ann, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 12
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00558213
Transaction ID : 2B78A50A17
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Debbie Dingell For Congress
Mailing Address: 19855 W. Outer Dr. Ste 103 Ae
City: Dearborn | State: MI | Zip Code: 48124
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Dingell, Deborah, Ann, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 12
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00558213
Transaction ID : ED020B159E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial)
Dedicated To Establishing National Teamwork PAC (DENT PAC)

Mailing Address 610 S. Boulevard

City: Tampa | State: FL | Zip Code: 33606

Purpose of Disbursement: 2017 Contribution

Candidate Name: Dedicated To Establishing National Teamwork PAC (DENT PAC)

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement: 09 / 07 / 2017

FEC Identification Number: C C00427930
Transaction ID : C5AC1D3D1A

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Democrats Reshaping America (DREAMPAC)

Mailing Address 410 1 St, SE
Suite 310

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: 2017 Contribution

Candidate Name: Democrats Reshaping America (DREAMPAC)

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) Contribution

Date of Disbursement: 09 / 21 / 2017

FEC Identification Number: C C00423079
Transaction ID : 4B093C705FE

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
Democrats United To Change And Hope PAC

Mailing Address 499 S. Capitol Street, SW
Suite 422

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: 2017 Contribution

Candidate Name: Democrats United To Change And Hope PAC

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement: 07 / 20 / 2017

FEC Identification Number: C C00448001
Transaction ID : 93788A8E5A

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Denali Leadership PAC
Mailing Address: 701 8Th Street NW, Suite 500
City: Washington | State: DC | Zip Code: 20001
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Denali Leadership PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00438291
Transaction ID : DA8C63EF35
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Denham For Congress
Mailing Address: 2150 River Plaza Dr., #150
City: Sacramento | State: CA | Zip Code: 95833
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Denham, Jeffrey, John, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00473272
Transaction ID : 4FC23094BA1
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Denham For Congress
Mailing Address: 2150 River Plaza Dr., #150
City: Sacramento | State: CA | Zip Code: 95833
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Denham, Jeffrey, John, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00473272
Transaction ID : 3E7474CC0D
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Devin Nunes Campaign Committee
Mailing Address: P.O. Box 6545
City: Visalia | State: CA | Zip Code: 93290-6545
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Nunes, Devin, G., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 22
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 16 / 2017
FEC Identification Number: C C00370056
Transaction ID : 27C9C2DEA9
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Donald Norcross For Congress
Mailing Address: PO Box 160
City: Collingswood | State: NJ | Zip Code: 08108
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Norcross, Donald, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00558320
Transaction ID : E4F99307DF7
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Donovan For Congress
Mailing Address: PO Box 60530
City: Staten Island | State: NY | Zip Code: 10306-1333
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Donovan, Daniel, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 11
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00571869
Transaction ID : 6E5446E35A
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Donovan For Congress
Mailing Address: PO Box 60530
City: Staten Island | State: NY | Zip Code: 10306-1333
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Donovan, Daniel, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 11
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00571869
Transaction ID : 9C8A78BDE1
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Dr. Brian Babin For Congress
Mailing Address: PO Box 159
City: Woodville | State: TX | Zip Code: 75979-0159
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Babin, Brian, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 36
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00553859
Transaction ID : C04771329F9
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Dr. Brian Babin For Congress
Mailing Address: PO Box 159
City: Woodville | State: TX | Zip Code: 75979-0159
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Babin, Brian, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 36
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00553859
Transaction ID : 19DD0D7F6D
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Dr. Brian Babin For Congress
Mailing Address: PO Box 159
City: Woodville | State: TX | Zip Code: 75979-0159
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Babin, Brian, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 36
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00553859
Transaction ID : 5C6EBD48F7
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Dr. Raul Ruiz For Congress
Mailing Address: PO Box 3433
City: Palm Desert | State: CA | Zip Code: 92261
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Ruiz, Raul, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 36
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00502575
Transaction ID : 8C852409338
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Dr. Raul Ruiz For Congress
Mailing Address: PO Box 3433
City: Palm Desert | State: CA | Zip Code: 92261
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Ruiz, Raul, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 36
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 30 / 2017
FEC Identification Number: C C00502575
Transaction ID : F7C785A131
Amount of Each Disbursement this Period: – 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Drew Ferguson For Congress Inc.
Mailing Address: PO Box 387
City: West Point | State: GA | Zip Code: 31833-0387
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Ferguson, A. Drew, , , IV
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00607838
Transaction ID : 46826134CF7
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Drew Ferguson For Congress Inc.
Mailing Address: PO Box 387
City: West Point | State: GA | Zip Code: 31833-0387
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Ferguson, A. Drew, , , IV
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00607838
Transaction ID : BF0ABA98A0
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Elise For Congress
Mailing Address: PO Box 500
City: Glens Falls | State: NY | Zip Code: 12801
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Stefanik, Elise, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 21
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00547893
Transaction ID : 7DC81DDCC
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Elise For Congress
Mailing Address: PO Box 500
City: Glens Falls | State: NY | Zip Code: 12801
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Stefanik, Elise, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 21
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00547893
Transaction ID : E1EC89D3F9
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Emmer For Congress
Mailing Address: PO Box 998
City: Anoka | State: MN | Zip Code: 55303
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Emmer, Thomas, Earl, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00545749
Transaction ID : D83154DAF8
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): E-PAC
Mailing Address: PO Box 500
City: Glen Falls | State: NY | Zip Code: 12801
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: E-PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00570945
Transaction ID : B5CC056DF
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): First In Freedom PAC
Mailing Address: 824 S Milledge Ave, Ste 101
City: Athens | State: GA | Zip Code: 30605
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: First In Freedom PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00540146
Transaction ID : A029019176E
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Free State PAC
Mailing Address: P.O. Box 9191
City: Shawnee Mission | State: KS | Zip Code: 66201
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Free State PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00455717
Transaction ID : EE0147B1F48
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends Of Chris Murphy
Mailing Address: PO Box 127
City: Cheshire | State: CT | Zip Code: 06410
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Murphy, Christopher, Scott, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: CT District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00492645
Transaction ID : 20BDDCB9B
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Friends Of Dan Kildee
Mailing Address: P.O. Box 248
City: Flint | State: MI | Zip Code: 48501
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Kildee, Daniel, Timothy, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00499947
Transaction ID : 9F41171D60E
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Dave Joyce
Mailing Address: 320 Kenarden Drive
City: Cleveland | State: OH | Zip Code: 44143-3710
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Joyce, David, Patrick, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00527457
Transaction ID : DE339E01331
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends Of Dave Joyce
Mailing Address: 320 Kenarden Drive
City: Cleveland | State: OH | Zip Code: 44143-3710
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Joyce, David, Patrick, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00527457
Transaction ID : B4AD647640
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Friends Of Dave Joyce
Mailing Address: 320 Kenarden Drive
City: Cleveland | State: OH | Zip Code: 44143-3710
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Joyce, David, Patrick, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00527457
Transaction ID : BFCB93AAA
Amount of Each Disbursement this Period: 500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Dennis Ross
Mailing Address: Post Office Box 7310
City: Lakeland | State: FL | Zip Code: 33807
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Ross, Dennis, Alan, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 15
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00459461
Transaction ID : 3E461019C39
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends Of Elizabeth Esty
Mailing Address: PO Box 61
City: Cheshire | State: CT | Zip Code: 06410
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Esty, Elizabeth, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00494203
Transaction ID : 6571EE07C9
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Friends Of Elizabeth Esty
Mailing Address: PO Box 61
City: Cheshire | State: CT | Zip Code: 06410
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Esty, Elizabeth, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00494203
Transaction ID : 63A8CE7C15
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Erik Paulsen
Mailing Address: P.O. Box 44369
250 Prairie Center Drive
City: Eden Prairie | State: MN | Zip Code: 55344
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Paulsen, Erik, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00439661
Transaction ID : 01793389511
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends Of Jim Clyburn
Mailing Address: Post Office Box 12567
City: Columbia | State: SC | Zip Code: 29211
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Clyburn, James, E., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00255562
Transaction ID : 79F8BE1096
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Friends Of Mark Warner
Mailing Address: 201 North Union Street, Suite 300
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2020 Primary
Category/Type: 011
Candidate Name: Warner, Mark, Robert, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District:
Disbursement For: 2020 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00438713
Transaction ID : 0A9437D90FI
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Neal Dunn
Mailing Address: PO Box 16088
City: Panama City | State: FL | Zip Code: 32406
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Dunn, Neal, Patrick, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00582304
Transaction ID : 634D2118DAI
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends Of Neal Dunn
Mailing Address: PO Box 16088
City: Panama City | State: FL | Zip Code: 32406
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Dunn, Neal, Patrick, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00582304
Transaction ID : CEE8EC8167
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Friends Of Raja For Congress
Mailing Address: PO Box 681202
City: Schaumburg | State: IL | Zip Code: 60168
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Krishnamoorthi, S. Raja, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00575092
Transaction ID : 7F3203BB648
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Raja For Congress
Mailing Address: PO Box 681202
City: Schaumburg | State: IL | Zip Code: 60168
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Krishnamoorthi, S. Raja, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00575092
Transaction ID : D51E4D5219C
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends Of Sherrod Brown
Mailing Address: PO Box 15293
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Brown, Sherrod, Campbell, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: OH District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00264697
Transaction ID : 736A535D0E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Friends Of Susan Brooks
Mailing Address: 9425 N Meridian St # 237
City: Indianapolis State: IN Zip Code: 46260-1308
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Brooks, Susan, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00500207
Transaction ID : 680C612E558
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends Of Susan Brooks
Mailing Address: 9425 N Meridian St # 237
City: Indianapolis State: IN Zip Code: 46260-1308
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Brooks, Susan, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00500207
Transaction ID : 84392411B26
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Future Forum PAC
Mailing Address: PO Box 83142
City: Gaithersburg State: MD Zip Code: 20883
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Future Forum PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00625988
Transaction ID : 06C6D1CA68
Amount of Each Disbursement this Period: 100.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2600.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Gene Green Congressional Campaign
Mailing Address: PO Box 16128
City: Houston | State: TX | Zip Code: 77222
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Green, Raymond, Eugene, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 29
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 04 / 2017
FEC Identification Number: C C00254185
Transaction ID : A017687C66(
Amount of Each Disbursement this Period: – 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Georgians For Isakson
Mailing Address: Post Office Box 250116
City: Atlanta | State: GA | Zip Code: 30325
Purpose of Disbursement: 2022 Primary
Category/Type: 011
Candidate Name: Isakson, Johnny, H., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00384693
Transaction ID : 45B81A76103
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Getting Stuff Done PAC (GSD-PAC)
Mailing Address: PO Box 7586
City: Phoenix | State: AZ | Zip Code: 85011
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Getting Stuff Done PAC (GSD-PAC)
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00571182
Transaction ID : 05D376B8EA
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Getting Stuff Done PAC (GSD-PAC)
Mailing Address: PO Box 7586
City: Phoenix | State: AZ | Zip Code: 85011
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Getting Stuff Done PAC (GSD-PAC)
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00571182
Transaction ID : 97D579D89C
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Graham For Congress
Mailing Address: PO Box 310
City: Tallahassee | State: FL | Zip Code: 32302
Purpose of Disbursement: 2016 Primary
Category/Type: 011
Candidate Name: Graham, Gwendolyn, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 02
Disbursement For: 2016 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 19 / 2017
FEC Identification Number: C C00543249
Transaction ID : 019B48A960E
Amount of Each Disbursement this Period: – 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Graves For Congress
Mailing Address: 2345 Grand Blvd Ste 2400
City: Kansas City | State: MO | Zip Code: 64108-2642
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Graves, Samuel, Bruce, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00359034
Transaction ID : 513D2F0C84
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Gregg Harper For Congress
Mailing Address: Post Office Box 54344
City: Pearl | State: MS | Zip Code: 39288
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Harper, Gregg, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MS District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00441295
Transaction ID : 1A1D436D49
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Heartland Values PAC
Mailing Address: PO Box 505
City: Sioux Falls | State: SD | Zip Code: 57101
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Heartland Values PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00409003
Transaction ID : F0260900196
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Heller For Senate
Mailing Address: PO Box 371907
City: Las Vegas | State: NV | Zip Code: 89137
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Heller, Dean, Arthur, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NV District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00494229
Transaction ID : 8917DFA242
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Hellerhighwater PAC
Mailing Address: PO Box 370672
City: Las Vegas | State: NV | Zip Code: 89137
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Hellerhighwater PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00471607
Transaction ID : B63C439E247
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Holding Onto Oregon's Priorities
Mailing Address: PO Box 3314
City: Portland | State: OR | Zip Code: 97208
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Holding Onto Oregon's Priorities
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00392738
Transaction ID : 8E283B2B3BI
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Hoyer For Congress
Mailing Address: 700 13Th Street NW Suite 600
City: Washington | State: DC | Zip Code: 20005
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Hoyer, Steny, Hamilton, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00140715
Transaction ID : 1622BAB764
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Hudson For Congress
Mailing Address: PO Box 5053
City: Concord | State: NC | Zip Code: 28027
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Hudson, Richard, Lane, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00504522
Transaction ID : 5A5D5120A6I
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Hudson For Congress
Mailing Address: PO Box 5053
City: Concord | State: NC | Zip Code: 28027
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Hudson, Richard, Lane, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00504522
Transaction ID : 7AC7E87D19I
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Huffman For Congress 2014
Mailing Address: P.O. Box 151563
City: San Rafael | State: CA | Zip Code: 94915
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Huffman, Jared, William, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00536680
Transaction ID : 83FBE6B8C1
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): IMPACT
Mailing Address: 192 Lexington Ave. Suite 1001
City: New York | State: NY | Zip Code: 10016
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: IMPACT
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00348607
Transaction ID : 383B2B98A2!
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Jackie Speier For Congress
Mailing Address: PO Box 112
City: Burlingame | State: CA | Zip Code: 94011
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Speier, K. Jacqueline, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00443705
Transaction ID : 60A7A04D3D
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Jaime For Congress
Mailing Address: PO Box 1614
City: Ridgefield | State: WA | Zip Code: 98642-0020
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Herrera Beutler, Jaime, Lynn, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00472704
Transaction ID : 2A57708B2C
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Jason Smith For Congress
Mailing Address: PO Box 1324
City: Cape Girardeau | State: MO | Zip Code: 63702-1324
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Smith, Jason, Thomas, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00541862
Transaction ID : 326083C6E3F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Jason Smith For Congress
Mailing Address: PO Box 1324
City: Cape Girardeau | State: MO | Zip Code: 63702-1324
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Smith, Jason, Thomas, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MO District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00541862
Transaction ID : 9A658E55B12
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Jeff Duncan For Congress
Mailing Address: PO Box 845
City: Laurens | State: SC | Zip Code: 29360
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Duncan, Jeffrey, D., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00460550
Transaction ID : 2CD88F9D66
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): JET PAC
Mailing Address: PO Box 2385
City: Ottawa | State: IL | Zip Code: 61350
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: JET PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 09 / D D 07 / Y Y Y Y 2017
FEC Identification Number: C C00522425
Transaction ID : DE580CAAB1
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): JET PAC
Mailing Address: PO Box 2385
City: Ottawa | State: IL | Zip Code: 61350
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: JET PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: M M 11 / D D 09 / Y Y Y Y 2017
FEC Identification Number: C C00522425
Transaction ID : CDF567F42F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Joe Kennedy For Congress
Mailing Address: PO Box 590464
City: Newton | State: MA | Zip Code: 02459
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Kennedy, Joseph, Patrick, , III
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 04
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 10 / D D 19 / Y Y Y Y 2017
FEC Identification Number: C C00512970
Transaction ID : DA82AE8F44
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Joe Wilson For Congress
Mailing Address: PO Box 2145
City: West Columbia | State: SC | Zip Code: 29171-2145
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Wilson, Addison, Graves, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00368522
Transaction ID : 13AEEEA7CE
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Johnson For Congress
Mailing Address: PO Box 906
City: Marietta | State: OH | Zip Code: 45750
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Johnson, William, L., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 16 / 2017
FEC Identification Number: C C00476820
Transaction ID : 5C01591399C
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Judy Chu For Congress
Mailing Address: 16633 Ventura Blvd # 1008
City: Encino | State: CA | Zip Code: 91436
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Chu, Judy, May, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 27
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00458125
Transaction ID : 3D64735EE9
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Julia Brownley For Congress
Mailing Address: PO Box 2018
City: Thousand Oaks | State: CA | Zip Code: 91358
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Brownley, Julia, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 26
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00513077
Transaction ID : 75713A81D0F
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Kaine For Virginia
Mailing Address: 1751 Potomac Greens Drive
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Kaine, Timothy, Michael, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: VA District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00495358
Transaction ID : 81F970496BC
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Kansans For Marshall
Mailing Address: PO Box 1588
City: Great Bend | State: KS | Zip Code: 67530
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Marshall, Roger, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00576173
Transaction ID : 165449ECC4
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Katherine Clark For Congress
Mailing Address: PO Box 159
City: Belmont | State: MA | Zip Code: 02478-9998
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Clark, Katherine, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00541888
Transaction ID : 6B5DD9782F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Kathleen Rice For Congress
Mailing Address: PO Box 744
City: Mineola | State: NY | Zip Code: 11501
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rice, Kathleen, Maura, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 04
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00555813
Transaction ID : C6E26FF27CI
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Kathleen Rice For Congress
Mailing Address: PO Box 744
City: Mineola | State: NY | Zip Code: 11501
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rice, Kathleen, Maura, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 04
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00555813
Transaction ID : ABB65375A8
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Katko For Congress
Mailing Address: 228 S Washington St, Ste 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Katko, John, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 24
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00556365
Transaction ID : 9F52344B9A(
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Katko For Congress
Mailing Address: 228 S Washington St, Ste 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Katko, John, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 24
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00556365
Transaction ID : 085922BF609
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Katko For Congress
Mailing Address: 228 S Washington St, Ste 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Katko, John, Michael, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 24
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00556365
Transaction ID : F88D6F3B48
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Keep America Rolling PAC
Mailing Address: PO Box 185
City: Harrisburg | State: PA | Zip Code: 17101
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Keep America Rolling PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00524603
Transaction ID : CB58E2B5B8
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Keep America Rolling PAC
Mailing Address: PO Box 185
City: Harrisburg | State: PA | Zip Code: 17101
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Keep America Rolling PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00524603
Transaction ID : 1B1F771BAA
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Keeping Republican Ideas Strong Timely & Inventive
Mailing Address: PO Box 312
City: Sioux Falls | State: SD | Zip Code: 57101
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Keeping Republican Ideas Strong Timely & Inventive
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00493809
Transaction ID : D281C10902
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Kenny Marchant For Congress
Mailing Address: PO Box 110187
City: Carrollton | State: TX | Zip Code: 75011-0187
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Marchant, Kenny, Ewell, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 24
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00393348
Transaction ID : 2AAF98C0C3
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Kevin McCarthy For Congress
Mailing Address: PO Box 12667
City: Bakersfield | State: CA | Zip Code: 93389-2667
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: McCarthy, Kevin, Owen, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 23
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00420935
Transaction ID : 861B61689F9
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Kevin McCarthy For Congress
Mailing Address: PO Box 12667
City: Bakersfield | State: CA | Zip Code: 93389-2667
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: McCarthy, Kevin, Owen, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 23
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00420935
Transaction ID : 82CD68E986
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Kurt Schrader For Congress
Mailing Address: PO Box 3314
City: Oregon City | State: OR | Zip Code: 97045
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Schrader, Kurt, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00446906
Transaction ID : 2917238109E
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Kuster For Congress, Inc
Mailing Address: PO Box 1498
City: Concord | State: NH | Zip Code: 03302
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Kuster, Ann, McLane, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NH District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00462861
Transaction ID : 0981244944E
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): LaHood for Congress
Mailing Address: P.O. Box 10735
City: Peoria | State: IL | Zip Code: 61612
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: LaHood, Darin, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 18
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00575050
Transaction ID : 9A82141C11
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Lance For Congress
Mailing Address: PO Box 999
City: Edison | State: NJ | Zip Code: 08818-0999
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Lance, Leonard, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00444224
Transaction ID : E361BB5AEF
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Lance For Congress
Mailing Address: PO Box 999
City: Edison | State: NJ | Zip Code: 08818-0999
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Lance, Leonard, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 07
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00444224
Transaction ID : A7A877E3371
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Lance For Congress
Mailing Address: PO Box 999
City: Edison | State: NJ | Zip Code: 08818-0999
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Lance, Leonard, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 07
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00444224
Transaction ID : 6532831463C
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Larson For Congress
Mailing Address: PO Box 261172
City: Hartford | State: CT | Zip Code: 06126-1172
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Larson, John, Barry, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00330142
Transaction ID : F6094E375D7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Larson For Congress
Mailing Address: PO Box 261172
City: Hartford | State: CT | Zip Code: 06126-1172
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Larson, John, Barry, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00330142
Transaction ID : 38A8A126400
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Larson For Congress
Mailing Address: PO Box 261172
City: Hartford | State: CT | Zip Code: 06126-1172
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Larson, John, Barry, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 30 / 2017
FEC Identification Number: C C00330142
Transaction ID : 3F377DED53
Amount of Each Disbursement this Period: – 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Latta For Congress
Mailing Address: PO Box 106
City: Bowling Green | State: OH | Zip Code: 43402-0106
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Latta, Robert, E., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00438697
Transaction ID : DF3BB31D54
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Latta For Congress
Mailing Address: PO Box 106
City: Bowling Green | State: OH | Zip Code: 43402-0106
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Latta, Robert, E., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00438697
Transaction ID : 92EEB548FE1
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): LEGPAC
Mailing Address: 38 IVy St., SE
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: LEGPAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00385534
Transaction ID : 3546A8534A1
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Lisa Murkowski For US Senate
Mailing Address: PO Box 100847
City: Anchorage | State: AK | Zip Code: 99510
Purpose of Disbursement: 2022 Primary
Category/Type: 011
Candidate Name: Murkowski, Lisa, Ann, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: AK District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00384529
Transaction ID : C21C190DCE
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Lou Correa For Congress
Mailing Address: P.O. Box 2229
City: San Marcos | State: CA | Zip Code: 92079
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Correa, J. Louis, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 46
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00578302
Transaction ID : 25519F53DDE
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Majority Committee PAC--Mc PAC
Mailing Address: PO Box 10134
City: Bakersfield | State: CA | Zip Code: 93389-0134
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Majority Committee PAC--Mc PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00428052
Transaction ID : 57B160567EI
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Making A Responsible Stand For Households In America PAC
Mailing Address: PO Box 3241
City: Brentwood | State: TN | Zip Code: 37024
Purpose of Disbursement: 2017 Contribution
Candidate Name: Making A Responsible Stand For Households In America PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00409276
Transaction ID : C9DAE645E3
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Making A Responsible Stand For Households In America PAC
Mailing Address: PO Box 3241
City: Brentwood | State: TN | Zip Code: 37024
Purpose of Disbursement: 2017 Contribution
Candidate Name: Making A Responsible Stand For Households In America PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00409276
Transaction ID : BE90BE0556I
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Mark Pocan For Congress
Mailing Address: PO Box 327
City: Madison | State: WI | Zip Code: 53701
Purpose of Disbursement: 2018 Primary
Candidate Name: Pocan, Mark, , ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00502179
Transaction ID : 635BBF5CE2
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Mark Pocan For Congress
Mailing Address: PO Box 327
City: Madison | State: WI | Zip Code: 53701
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pocan, Mark, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00502179
Transaction ID : 3ADB1088E3
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Marsha For Senate
Mailing Address: 4916 Thoroughbred Ln
City: Brentwood | State: TN | Zip Code: 37027
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Blackburn, Marsha, Wedgeworth, ,
Office Sought: ☐ House ☒ Senate ☐ President
State: TN District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00376939
Transaction ID : 2E531C82708
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Martin Heinrich For Senate
Mailing Address: P.O. Box 25763
City: Albuquerque | State: NM | Zip Code: 87125
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Heinrich, Martin, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NM District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00434563
Transaction ID : 5EDA616D17
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Martin Heinrich For Senate
Mailing Address: P.O. Box 25763
City: Albuquerque | State: NM | Zip Code: 87125
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Heinrich, Martin, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NM District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00434563
Transaction ID : FD08218F7A4
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Matsui For Congress
Mailing Address: PO Box 1738
City: Sacramento | State: CA | Zip Code: 95812
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Matsui, Doris, O., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00409219
Transaction ID : 25E3AB84375
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): McCaul For Congress, Inc
Mailing Address: 815-A Brazos St Pmb 230
City: Austin | State: TX | Zip Code: 78701-2514
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: McCaul, Michael, Thomas, , Sr.
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00392688
Transaction ID : D164947893
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Michael Burgess For Congress
Mailing Address: PO Box 2334
City: Denton | State: TX | Zip Code: 76202-2334
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Burgess, Michael, Clifton, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 26
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 16 / 2017
FEC Identification Number: C C00372532
Transaction ID : 26694CF5E08
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Mike Bishop For Congress
Mailing Address: PO Box 1148
City: Brighton | State: MI | Zip Code: 48116-2748
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bishop, Michael, D., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00561001
Transaction ID : 16B47A653E4
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Mike Bishop For Congress
Mailing Address: PO Box 1148
City: Brighton | State: MI | Zip Code: 48116-2748
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Bishop, Michael, D., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00561001
Transaction ID : 766CF6E715
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Mike Bishop For Congress
Mailing Address: PO Box 1148
City: Brighton | State: MI | Zip Code: 48116-2748
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Bishop, Michael, D., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00561001
Transaction ID : ADC467A6FA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Mike Kelly For Congress
Mailing Address: PO Box 476
City: Lyndora | State: PA | Zip Code: 16045
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Kelly, G. Mike, J., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00474189
Transaction ID : 134B930CAA
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Mike Kelly For Congress
Mailing Address: PO Box 476
City: Lyndora | State: PA | Zip Code: 16045
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Kelly, G. Mike, J., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 03
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00474189
Transaction ID : 5E7CBE32A
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Mike Kelly For Congress
Mailing Address: PO Box 476
City: Lyndora | State: PA | Zip Code: 16045
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Kelly, G. Mike, J., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00474189
Transaction ID : C32E287268(
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Mike Miller For Congress
Mailing Address: 127 West Fairbanks Ave #380
City: Winter Park | State: FL | Zip Code: 32789
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Miller, Mike, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00648816
Transaction ID : 8AA984D0D5(
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Mike Thompson For Congress
Mailing Address: 5429 Madison Avenue
City: Sacramento | State: CA | Zip Code: 95841
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Thompson, Michael, C., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00326363
Transaction ID : 58238EA215I
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Moderate Democrats PAC
Mailing Address: 303 Massachusetts Avenue, NE
City: Washington | State: DC | Zip Code: 20002
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Moderate Democrats PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00436022
Transaction ID : 22B75A51AE
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Moderate Democrats PAC
Mailing Address: 303 Massachusetts Avenue, NE
City: Washington | State: DC | Zip Code: 20002
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Moderate Democrats PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00436022
Transaction ID : 2E5D021A06
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Montanans For Tester
Mailing Address: PO Box 1135
City: Helena | State: MT | Zip Code: 59624
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Tester, Jon, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: MT District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00412304
Transaction ID : C655685FF0
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Moulton For Congress
Mailing Address: PO Box 2013
City: Salem | State: MA | Zip Code: 01970
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Moulton, Seth, W., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00547240
Transaction ID : 15FD17BAB8
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Mullin For Congress
Mailing Address: PO Box 3681
City: Muskogee | State: OK | Zip Code: 74402
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Mullin, Markwayne, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OK District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00498345
Transaction ID : D06D1C27F5I
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Nancy Pelosi For Congress
Mailing Address: 700 13Th Street, NW Suite 600
City: Washington | State: DC | Zip Code: 20005
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pelosi, Nancy, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 12
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00213512
Transaction ID : DC485D4E79
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): NRSC
Mailing Address: 425 2Nd Street NE
City: Washington | State: DC | Zip Code: 20002
Purpose of Disbursement: 2017 Contribution - Building Fund
Candidate Name: NRSC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00027466
Transaction ID : 1DF1893CCB
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Nutmeg PAC
Mailing Address: C/O Cacace Tusch & Santagata, 777 Summer St
City: Stamford | State: CT | Zip Code: 06901
Purpose of Disbursement: 2017 Contribution
Candidate Name: Nutmeg PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00492983
Transaction ID : 27200262CB5
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Ocean State Political Action Committee (OSPAC)
Mailing Address: 26 Hilton Road
City: Warwick | State: RI | Zip Code: 02889-2930
Purpose of Disbursement: 2017 Contribution
Candidate Name: Ocean State Political Action Committee (OSPAC)
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 08 / 16 / 2017
FEC Identification Number: C C00397067
Transaction ID : 7F916812AA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial)
Ocean State Political Action Committee (OSPAC)

Mailing Address 26 Hilton Road

City: Warwick | State: RI | Zip Code: 02889-2930

Purpose of Disbursement: 2017 Contribution

Candidate Name: Ocean State Political Action Committee (OSPAC)

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement: 09 / 21 / 2017

FEC Identification Number: C C00397067
Transaction ID : 96DC3B7C98

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Olson For Congress Committee

Mailing Address PO Box 16381

City: Sugar Land | State: TX | Zip Code: 77496-6381

Purpose of Disbursement: 2018 Primary

Candidate Name: Olson, Peter, Graham, ,

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 22

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 12 / 20 / 2017

FEC Identification Number: C C00437913
Transaction ID : 4A87B61A889

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
PAC To the Future

Mailing Address 700 13Th Street, Nw, Suite 600

City: Washington | State: DC | Zip Code: 20005

Purpose of Disbursement: 2017 Contribution

Candidate Name: PAC To the Future

Category/Type: 011

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement: 09 / 21 / 2017

FEC Identification Number: C C00344234
Transaction ID : 8A3526CB79

Amount of Each Disbursement this Period: 2500.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Pallone For Congress
Mailing Address: PO Box 3176
City: Long Branch | State: NJ | Zip Code: 07740
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pallone, Frank, , , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00226928
Transaction ID : 371CF3DF66
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Pascrell For Congress
Mailing Address: Pob 100
City: Teaneck | State: NJ | Zip Code: 07666
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pascrell, William, James, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 09
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00313510
Transaction ID : 3C1678FA4B
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Pascrell For Congress
Mailing Address: Pob 100
City: Teaneck | State: NJ | Zip Code: 07666
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pascrell, William, James, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 09
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00313510
Transaction ID : 9A11934CDA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Paul Gosar For Congress
Mailing Address: PO Box 2967
City: Prescott | State: AZ | Zip Code: 86302
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Gosar, Paul, Anthony, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: AZ District: 04
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00461806
Transaction ID : 442B9D08BE
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Paul Tonko For Congress
Mailing Address: 911 Central Avenue # 221
City: Albany | State: NY | Zip Code: 12206
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Tonko, Paul, David, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 20
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00450049
Transaction ID : 4C0B6C97111
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Paul Tonko For Congress
Mailing Address: 911 Central Avenue # 221
City: Albany | State: NY | Zip Code: 12206
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Tonko, Paul, David, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 20
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 04 / 2017
FEC Identification Number: C C00450049
Transaction ID : 6EC999D644
Amount of Each Disbursement this Period: – 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): People For Ben
Mailing Address: PO Box 31129
City: Santa Fe | State: NM | Zip Code: 87594
Purpose of Disbursement: 2018 Primary
Candidate Name: Lujan, Ben, Ray, ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NM District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00443689
Transaction ID : FB53C26489E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): People For Enterprise Trade And Economic Growth (PETE PAC)
Mailing Address: 2108 Foresthill Rd
City: Alexandria | State: VA | Zip Code: 22307-1128
Purpose of Disbursement: 2017 Contribution
Candidate Name: People For Enterprise Trade And Economic Growth (PETE PAC)
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00363770
Transaction ID : 71EFB1CCDE
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): People For Enterprise Trade And Economic Growth (PETE PAC)
Mailing Address: 2108 Foresthill Rd
City: Alexandria | State: VA | Zip Code: 22307-1128
Purpose of Disbursement: 2017 Contribution
Candidate Name: People For Enterprise Trade And Economic Growth (PETE PAC)
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00363770
Transaction ID : 53D7F8DA1A
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Pittenger for Congress LLC
Mailing Address: PO Box 11207
City: Charlotte | State: NC | Zip Code: 28220-1207
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pittenger, Robert, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 09
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00514513
Transaction ID : 6A1B170E8B
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Pittenger for Congress LLC
Mailing Address: PO Box 11207
City: Charlotte | State: NC | Zip Code: 28220-1207
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Pittenger, Robert, M., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 09
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00514513
Transaction ID : 35BC58EF9B
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Poliquin For Congress
Mailing Address: PO Box 50
City: Oakland | State: ME | Zip Code: 04963
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Poliquin, Bruce, Lee, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: ME District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00518654
Transaction ID : BFAB2634F5
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Poliquin For Congress
Mailing Address: PO Box 50
City: Oakland | State: ME | Zip Code: 04963
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Poliquin, Bruce, Lee, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: ME District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00518654
Transaction ID : 41436EBB0E
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Portman For Senate Committee
Mailing Address: 9856 Archer Lane
City: Dublin | State: OH | Zip Code: 43017-8914
Purpose of Disbursement: 2022 Primary
Category/Type: 011
Candidate Name: Portman, Rob, J., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: OH District:
Disbursement For: 2022 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00458463
Transaction ID : 4C29C0E0B9
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Promoting Our Republican Team PAC
Mailing Address: 8331 Little Harbor Drive
City: Cincinnati | State: OH | Zip Code: 45244-2768
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Promoting Our Republican Team PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00440032
Transaction ID : B999BC114D
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Purpose PAC
Mailing Address: 918 Pennsylvania Ave SE
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Purpose PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 07 / D D 20 / Y Y Y Y 2017
FEC Identification Number: C C00497131
Transaction ID : E8DBD0F34D
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): RACPAC
Mailing Address: P O Box 3152
City: West Chester | State: PA | Zip Code: 19381
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: RACPAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: M M 10 / D D 12 / Y Y Y Y 2017
FEC Identification Number: C C00580464
Transaction ID : 0554C3E53D0
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Randy Hultgren For Congress
Mailing Address: PO Box 717
City: St Charles | State: IL | Zip Code: 60174-0717
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Hultgren, Randall, Mark, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 14
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 09 / D D 07 / Y Y Y Y 2017
FEC Identification Number: C C00467522
Transaction ID : A89FAF2B0C
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Rely On Your Beliefs Fund
Mailing Address: One Constitution Ave NE Ste 300
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Rely On Your Beliefs Fund
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00344648
Transaction ID : 893D467940D
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Rely On Your Beliefs Fund
Mailing Address: One Constitution Ave NE Ste 300
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Rely On Your Beliefs Fund
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00344648
Transaction ID : 94CC4665B9E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Republican Operation To Secure And Keep A Majority
Mailing Address: P. O. Box 1011
City: Wheaton | State: IL | Zip Code: 60187
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Republican Operation To Secure And Keep A Majority
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00451294
Transaction ID : ED060EB3BE
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Richard E Neal For Congress Committee
Mailing Address: 76 Magnolia Terrace
City: Springfield | State: MA | Zip Code: 01108
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Neal, Richard, Edmund, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MA District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00226522
Transaction ID : 12A59659D15
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Rightnow Women PAC
Mailing Address: PO Box 30844
City: Bethesda | State: MD | Zip Code: 20824
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Rightnow Women PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00551366
Transaction ID : CA1225F3DE
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Rob Wittman For Congress
Mailing Address: PO Box 3770
City: Oakton | State: VA | Zip Code: 22124
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Wittman, Robert, Joseph, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00441014
Transaction ID : EC65BAFB5
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Rob Wittman For Congress
Mailing Address: PO Box 3770
City: Oakton | State: VA | Zip Code: 22124
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Wittman, Robert, Joseph, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00441014
Transaction ID : 5A4BFBB2C3
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Rob Woodall For Congress
Mailing Address: Post Office Box 1871
City: Lawrenceville | State: GA | Zip Code: 30046-1871
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Woodall, Robert, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00482307
Transaction ID : 74070CA3221
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Ryan Costello For Congress
Mailing Address: PO Box 3154
City: West Chester | State: PA | Zip Code: 19381-3154
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Costello, Ryan, A., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00554899
Transaction ID : 8BEA87BBF
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Ryan Costello For Congress
Mailing Address: PO Box 3154
City: West Chester | State: PA | Zip Code: 19381-3154
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Costello, Ryan, A., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 16 / 2017
FEC Identification Number: C C00554899
Transaction ID : EDF93DD368
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Ryan Costello For Congress
Mailing Address: PO Box 3154
City: West Chester | State: PA | Zip Code: 19381-3154
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Costello, Ryan, A., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00554899
Transaction ID : 1F9DCCD2CF
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Salt City PAC
Mailing Address: 228 S Washington St Ste 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Salt City PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00608463
Transaction ID : 37A989F729(
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Scalise For Congress
Mailing Address: PO Box 23219
City: Jefferson | State: LA | Zip Code: 70183-3219
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Scalise, Stephen, Joseph, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00394957
Transaction ID : BFC2244A1F
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Schneider For Congress
Mailing Address: PO Box 1318
City: Deerfield | State: IL | Zip Code: 60015
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Schneider, Bradley, Scott, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00495952
Transaction ID : D4BE551349(
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Schneider For Congress
Mailing Address: PO Box 1318
City: Deerfield | State: IL | Zip Code: 60015
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Schneider, Bradley, Scott, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00495952
Transaction ID : CFB70308A2
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Scott Peters For Congress
Mailing Address: PO Box 22074
City: San Diego | State: CA | Zip Code: 92192
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Peters, Scott, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 52
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00503110
Transaction ID : 05F89522409
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Scott Peters For Congress
Mailing Address: PO Box 22074
City: San Diego | State: CA | Zip Code: 92192
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Peters, Scott, H., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 52
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00503110
Transaction ID : 16C16CCBC4
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Serve America PAC
Mailing Address: PO Box 2013
City: Salem | State: MA | Zip Code: 01970
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Serve America PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00571174
Transaction ID : 026E9F79A7
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Shore PAC
Mailing Address: P.O. Box 3157
City: Long Branch | State: NJ | Zip Code: 07740
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Shore PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 12 / D D 07 / Y Y Y Y 2017
FEC Identification Number: C C00410308
Transaction ID : 5BA46520595
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Smucker For Congress
Mailing Address: 548 Steel Way, PO Box 7066
City: Lancaster | State: PA | Zip Code: 17604
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Smucker, Lloyd, K., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 16
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M 12 / D D 20 / Y Y Y Y 2017
FEC Identification Number: C C00599464
Transaction ID : 0D8365DEA15
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Solomon For Congress
Mailing Address: 108 Saddle Ridge Drive
City: Oakdale | State: PA | Zip Code: 15071
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Solomon, Robert, Charles, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 11 / D D 09 / Y Y Y Y 2017
FEC Identification Number: C C00649947
Transaction ID : A63955CD31
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A.
Full Name (Last, First, Middle Initial): Swalwell For Congress
Mailing Address: P.O. Box 2847
City: Dublin | State: CA | Zip Code: 94568
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Swalwell, Eric, Michael, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 15
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00502294
Transaction ID : 5B14891D049
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial): Swalwell For Congress
Mailing Address: P.O. Box 2847
City: Dublin | State: CA | Zip Code: 94568
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Swalwell, Eric, Michael, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 15
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00502294
Transaction ID : 31A6ED1BFA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C.
Full Name (Last, First, Middle Initial): Swalwell For Congress
Mailing Address: P.O. Box 2847
City: Dublin | State: CA | Zip Code: 94568
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Swalwell, Eric, Michael, , Jr.
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 15
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00502294
Transaction ID : 206BEF36DC
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Synergy PAC
Mailing Address: 6849 Old Dominion Drive, Suite 222
City: McLean | State: VA | Zip Code: 22101
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Synergy PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00409623
Transaction ID : 2D6B107AE0
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Tammy Baldwin For Senate
Mailing Address: Pobox 696
City: Madison | State: WI | Zip Code: 53701
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Baldwin, Tammy, S., ,
Office Sought: ☐ House ☒ Senate ☐ President
State: WI District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00326801
Transaction ID : F18B21E3E8
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Tenn Political Action Committee Inc (TENN PAC)
Mailing Address: 228 S Washington Street Suite 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Tenn Political Action Committee Inc (TENN PAC)
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00388421
Transaction ID : B8BE3DE11
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 3500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): The Eye Of The Tiger Political Action Committee
Mailing Address: PO Box 2485
City: Springfield | State: VA | Zip Code: 22152-0485
Purpose of Disbursement: 2017 Contribution
Candidate Name: The Eye Of The Tiger Political Action Committee
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: M M 11 / D D 09 / Y Y Y Y 2017
FEC Identification Number: C C00467431
Transaction ID : C8983CA818
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): The Hawkeye PAC
Mailing Address: PO Box 156
City: Des Moines | State: IA | Zip Code: 50301
Purpose of Disbursement: 2017 Contribution
Candidate Name: The Hawkeye PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: M M 07 / D D 20 / Y Y Y Y 2017
FEC Identification Number: C C00379479
Transaction ID : A54E5055547
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: PO Box 10847
City: Rochester | State: NY | Zip Code: 14610-0847
Purpose of Disbursement: 2018 Primary
Candidate Name: Reed, Thomas, W., , II.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 09 / D D 07 / Y Y Y Y 2017
FEC Identification Number: C C00464032
Transaction ID : 73CC2869FA
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 7000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Tom Reed For Congress
Mailing Address: PO Box 10847
City: Rochester | State: NY | Zip Code: 14610-0847
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Reed, Thomas, W., , II.
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 23
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 13 / 2017
FEC Identification Number: C C00464032
Transaction ID : 226F2DA5A2
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Tom Rice For Congress
Mailing Address: PO Box 70098
City: Myrtle Beach | State: SC | Zip Code: 29572-0020
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rice, Tom, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00506048
Transaction ID : 6D220CAC5A
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Tom Rice For Congress
Mailing Address: PO Box 70098
City: Myrtle Beach | State: SC | Zip Code: 29572-0020
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Rice, Tom, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: SC District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 12 / 20 / 2017
FEC Identification Number: C C00506048
Transaction ID : 5FF566EDA3
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Tony Cardenas For Congress
Mailing Address: 410 1St St, SE, Suite 310
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Cardenas, Tony, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 29
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00498873
Transaction ID : 7333E032C0E
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Tony Cardenas For Congress
Mailing Address: 410 1St St, SE, Suite 310
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Cardenas, Tony, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 29
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00498873
Transaction ID : E382A43CDC
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Trust PAC Team Republicans For Utilizing Sensible Tactics
Mailing Address: 228 S. Washington Street, Suite 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Trust PAC Team Republicans For Utilizing Sensible Tactics
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00330720
Transaction ID : E9BED5FB2I
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Turquoise PAC
Mailing Address: 1050 17Th Street, NW, Suite 590
City: Washington | State: DC | Zip Code: 20036
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Turquoise PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Contribution
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00517235
Transaction ID : 9F3E7BBF06
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Upton For All Of Us
Mailing Address: PO Box 490
City: St. Joseph | State: MI | Zip Code: 49085
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Upton, Frederick, Stephen, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 21 / 2017
FEC Identification Number: C C00200584
Transaction ID : 52FC4A9A56
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Val Demings For Congress
Mailing Address: PO Box 536926
City: Orlando | State: FL | Zip Code: 32853
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Demings, Valdez, B., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 10
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: 11 / 09 / 2017
FEC Identification Number: C C00590489
Transaction ID : B714FD644C
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Valadao For Congress
Mailing Address: 5132 North Palm Avenue #227
City: Fresno | State: CA | Zip Code: 93704
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Valadao, David, G., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 21
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00499392
Transaction ID : 996FB06B1C
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Valadao For Congress
Mailing Address: 5132 North Palm Avenue #227
City: Fresno | State: CA | Zip Code: 93704
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Valadao, David, G., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 21
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00499392
Transaction ID : C8CA4ABF2F
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Value In Electing Women Political Action Committee
Mailing Address: 701 8Th Street, NW Suite 500
City: Washington | State: DC | Zip Code: 20001
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Value In Electing Women Political Action Committee
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00327189
Transaction ID : 23FBDAD523
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Vern Buchanan For Congress
Mailing Address: P. O. Box 48928
City: Sarasota | State: FL | Zip Code: 34230
Purpose of Disbursement: 2018 Primary
Candidate Name: Buchanan, Vernon, Gale, ,
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 16
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00412759
Transaction ID : A9E87E13E9
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Victory By Investing Building And Empowering (VIBE) PAC
Mailing Address: One Park Row 5Th Floor
City: Providence | State: RI | Zip Code: 02903
Purpose of Disbursement: 2017 Contribution
Candidate Name: Victory By Investing Building And Empowering (VIBE) PAC
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 07 / 26 / 2017
FEC Identification Number: C C00570101
Transaction ID : 93B497FAB2
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Votevets
Mailing Address: PO Box 75357
City: Washington | State: DC | Zip Code: 20013
Purpose of Disbursement: 2017 Contribution
Candidate Name: Votevets
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00418897
Transaction ID : AE48550921
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Walberg For Congress
Mailing Address: PO Box 1362
City: Jackson | State: MI | Zip Code: 49204-1362
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Walberg, Timothy, L., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 07
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 12 / 2017
FEC Identification Number: C C00390724
Transaction ID : B29B20BEFC
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Walden For Congress
Mailing Address: PO Box 1091
City: Hood River | State: OR | Zip Code: 97031-0037
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Walden, Gregory, Paul, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 02
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 01 / 2017
FEC Identification Number: C C00333427
Transaction ID : D0E80252756
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Walorski For Congress Inc
Mailing Address: PO Box 954
City: Mishawaka | State: IN | Zip Code: 46546-0954
Purpose of Disbursement: 2018 General
Category/Type: 011
Candidate Name: Walorski, Jacqueline, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IN District: 02
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 12 / 07 / 2017
FEC Identification Number: C C00468579
Transaction ID : E99DC4F210
Amount of Each Disbursement this Period: 1500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 6500.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Wenstrup For Congress
Mailing Address: PO Box 9551
City: Cincinnati State: OH Zip Code: 45209-0551
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Wenstrup, Brad, R., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 20 / 2017
FEC Identification Number: C C00497818
Transaction ID : 8519AB36D8
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Wenstrup For Congress
Mailing Address: PO Box 9551
City: Cincinnati State: OH Zip Code: 45209-0551
Purpose of Disbursement: 2018 Primary
Category/Type: 011
Candidate Name: Wenstrup, Brad, R., ,
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 02
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2017
FEC Identification Number: C C00497818
Transaction ID : 4250C6DE14
Amount of Each Disbursement this Period: 3000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Wolverine PAC
Mailing Address: 19855 W. Outer Dr. Suite 103A-E
City: Dearborn State: MI Zip Code: 48124
Purpose of Disbursement: 2017 Contribution
Category/Type: 011
Candidate Name: Wolverine PAC
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Contribution
Date of Disbursement: 10 / 19 / 2017
FEC Identification Number: C C00451583
Transaction ID : 2036F89B90
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee / American College of Emergency Physicians

A. Full Name (Last, First, Middle Initial): Women To Women Network PAC D/B/A Women2women PAC

Mailing Address: C/O Gilbert & Wolfand, P.C.
2201 Wisconsin Avenue, NW #320

City: Washington | State: DC | Zip Code: 20007

Purpose of Disbursement: 2017 Contribution

Category/Type: 011

Candidate Name: Women To Women Network PAC D/B/A Women2women PAC

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Contribution

Date of Disbursement: 12 / 13 / 2017

FEC Identification Number: C C00614958

Transaction ID : 56516D443B(

Amount of Each Disbursement this Period: 2000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial): Yoder For Congress, Inc

Mailing Address: PO Box 26742

City: Overland Park | State: KS | Zip Code: 66225-6742

Purpose of Disbursement: 2018 Primary

Category/Type: 011

Candidate Name: Yoder, Kevin, Wayne, ,

Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 03

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 09 / 28 / 2017

FEC Identification Number: C C00472365

Transaction ID : 4546D551473

Amount of Each Disbursement this Period: 1500.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial): Yoder For Congress, Inc

Mailing Address: PO Box 26742

City: Overland Park | State: KS | Zip Code: 66225-6742

Purpose of Disbursement: 2018 Primary

Category/Type: 011

Candidate Name: Yoder, Kevin, Wayne, ,

Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 03

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement: 11 / 09 / 2017

FEC Identification Number: C C00472365

Transaction ID : 0B08A06CC6

Amount of Each Disbursement this Period: 1000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 4500.00

TOTAL This Period (last page this line number only) ▶ 443600.00