

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 24 OF 108
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

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

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

A. Eubanks, Marcus, , ,

Mailing Address 7 Colonial Pl

City
PittsburghState
PAZip Code
15232-1418FEC ID number of contributing
federal political 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 M	D D D	Y Y Y Y Y Y
03	12	2020

Transaction ID : 4D65ACCAABABA6F9CBE

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. Falcone, Angelo, L, ,Mailing Address 2606 Triadelphia Lake Rd
Angelo Falcone, MD

City

Brookeville

State
MDZip Code
20833-1414FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
MEP Health, LLCOccupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
03	24	2020

Transaction ID : 2020032417335-33

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Felegi, William, Basil, ,

Mailing Address 731 Red Lion Way

City

Bridgewater

State
NJZip Code
08807-1668FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Emergency Medical Associates New JerseOccupation (for Individual)
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

625.02

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
01	07	2020

Transaction ID : 484DAC23D4ED1FF43E3F

Amount of Each Receipt this Period

208.34

☐ Memo Item

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

408.34

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