

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 35 OF 108

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 10 / 2020

Transaction ID : 41F4859A65954F8EC210

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. 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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 14 / 2020

Transaction ID : 4D6480D9434A6ACD4563

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Jakubowski, Julian, AJ, ,

Mailing Address 306 Bellevue St

City

Marietta

State

OH

Zip Code

45750-2620

FEC ID number of contributing
federal political 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 / D D / Y Y Y Y Y Y
03 / 26 / 2020

Transaction ID : 4EECB1DF09A44664A47C

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)..... ►