

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 44 OF 108

☒ 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. 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 ▼

300.00

Date of Receipt

03 / 17 / 2020

Transaction ID : 4B70A7AB0BDD80CEF2B1

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

B. 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 ▼

300.00

Date of Receipt

03 / 24 / 2020

Transaction ID : 2020032417335-42

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

C. Malinowski, Robert, T, ,

Mailing Address 660 Norborne Ave

City

Dearborn Heights

State

MI

Zip Code

48127-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Medical Center for Emergency Services

Occupation (for Individual)

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

02 / 11 / 2020

Transaction ID : C2CFAE56FC5D8309FDC

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

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

1400.00