

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

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

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Emergency Medicine Political Action Committee**

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

**A. Kaplan, Gao, 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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 07 / 2017

**Transaction ID : 20170608122835-17**

Amount of Each Receipt this Period

1200.00

☐ Memo Item

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

**B. Kaplan, Joseph, Jay, ,**

Mailing Address PO Box 6394

City  
Columbus

State  
GA

Zip Code  
31917-6394

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-Employed

Occupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 04 / 2017

**Transaction ID : 2017051511583-16**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

**C. Kaplan, Julius (Jay), A, ,**

Mailing Address 422 Nashville Ave

City  
New Orleans

State  
LA

Zip Code  
70115-2143

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 ▼

667.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 01 / 2017

**Transaction ID : 43E18A09DBC476A32CE4**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1500.00