

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<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**

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

**A. Marshall, Shane, , ,**

Mailing Address 17194 McCauley Way

City  
NampaState  
IDZip Code  
83687-5207FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
CEP America-Idaho LLPOccupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

67.20

Date of Receipt

M M	D D	Y Y Y Y
06	28	2017

**Transaction ID : 2017062920592-564**

Amount of Each Receipt this Period

67.20

☐ Memo Item

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

**B. 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-EmployedOccupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	D D	Y Y Y Y
03	22	2017

**Transaction ID : 23BA34D5F1E34FC28840**

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

**C. Martin, Alan, , ,**

Mailing Address 6 Arbor Leaf Ct

City

Ballwin

State

MO

Zip Code

63021-8230

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self-EmployedOccupation (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
06	16	2017

**Transaction ID : 20170623202828-86**

Amount of Each Receipt this Period

200.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

767.20

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