

# **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. Young, Deborah, , ,**

Mailing Address 5558 Fox Glen Cir

City  
Lithonia

State  
GA

Zip Code  
30038-2834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emergency Pediatric Group

Occupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 01 / 2017

**Transaction ID : 2017050719142-179**

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

**B. Young, Deborah, , ,**

Mailing Address 5558 Fox Glen Cir

City  
Lithonia

State  
GA

Zip Code  
30038-2834

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Emergency Pediatric Group

Occupation (for Individual)  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 24 / 2017

**Transaction ID : 20170601191333-115**

Amount of Each Receipt this Period

- 100.00

☐ Memo Item

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

**C. Young, Gary, P, ,**

Mailing Address PO Box 5084

City  
Napa

State  
CA

Zip Code  
94581-0084

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Eugene Emergency Physicians PC

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  
01 / 29 / 2017

**Transaction ID : 20170208121319-13**

Amount of Each Receipt this Period

200.00

☐ Memo Item

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

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

200.00