

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street) ▼

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☒ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Phyllis Edans CPA, CAE

Signature of Treasurer

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
01 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		798835.64
(b) Cash on Hand at Beginning of Reporting Period.....	798835.64	
(c) Total Receipts (from Line 19)	151890.97	151890.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	950726.61	950726.61
7. Total Disbursements (from Line 31)	286251.63	286251.63
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	664474.98	664474.98
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y
 03 / 31 / 2012
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

66996.76

66996.76

(ii) Unitemized

79892.68

79892.68

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

146889.44

146889.44

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

151889.44

151889.44

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

1.53

1.53

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

151890.97

151890.97

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

151890.97

151890.97

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	282000.00	282000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	100.00	100.00
29. Other Disbursements	4151.63	4151.63
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	286251.63	286251.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	286251.63	286251.63

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	151889.44	151889.44
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	151789.44	151789.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

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 6 OF 129

☒ 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 (Last, First, Middle Initial)

A. James B Aiken MD, MHA, F

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 30 / 2012

Transaction ID : C1591088

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey D Anderson

Mailing Address 1305 County Road 65
ECM Emer Dept

City

Killen

State

AL

Zip Code

35645-5945

FEC ID number of contributing
federal political committee.

C

Name of Employer

ECM Emergency Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 22 / 2012

Transaction ID : C1604021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588929

Amount of Each Receipt this Period

83.33

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

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

583.33

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

Use separate schedule(s)
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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 (Last, First, Middle Initial)

A. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603873

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617713

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Bruce S Auerbach MD, FACEP

Mailing Address 211 Park St

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

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
01 / 25 / 2012

Transaction ID : C1588933

Amount of Each Receipt this Period

100.00

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

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

266.66

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 8 OF 129

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S Auerbach MD, FACEP

Mailing Address 211 Park St

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603840

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Bruce S Auerbach MD, FACEP

Mailing Address 211 Park St

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617739

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. David M Barrett

Mailing Address 26 Hayden Ct

City

Poughkeepsie

State

NY

Zip Code

12603-6275

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vassar Bros Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : C1604012

Amount of Each Receipt this Period

250.00

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

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

450.00

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

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

FOR LINE NUMBER: PAGE 9 OF 129

(check only one)

<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 (Last, First, Middle Initial)

A. Dennis M Beck

Mailing Address 421 Rembrandt Rd
Beacon Med Svcs

City	State	Zip Code
Boulder	CO	80302-9478

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beacon Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : C1619477

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Andrew I Bern

Mailing Address 9846 NW 18th St

City	State	Zip Code
Coral Springs	FL	33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588937

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Andrew I Bern

Mailing Address 9846 NW 18th St

City	State	Zip Code
Coral Springs	FL	33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603872

Amount of Each Receipt this Period

83.33

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

1166.66

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

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

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

FOR LINE NUMBER: PAGE 10 OF 129

(check only one)

<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 (Last, First, Middle Initial)

A. Andrew I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	19	/	2012

Transaction ID : C1617711

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Frederick C Blum MD, FACEP

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588940

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Frederick C Blum MD, FACEP

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603871

Amount of Each Receipt this Period

83.33

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

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

249.99

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 129

(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

Full Name (Last, First, Middle Initial)

A. Frederick C Blum MD, FACEP

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617710

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Peter Blume

Mailing Address 20 Ridge Rd

City

Concord

State

NH

Zip Code

03301-3010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Concord Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : C1601719

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Brooks F Bock

Mailing Address 1700 Lions Ridge Loop

City

Vail

State

CO

Zip Code

81657-5757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : C1596409

Amount of Each Receipt this Period

1000.00

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

1583.33

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

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 (Last, First, Middle Initial)

A. Keenan M Bora MD

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State Univ/Detroit Rec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588942

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588941

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603870

Amount of Each Receipt this Period

83.33

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

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

416.66

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

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

FOR LINE NUMBER: PAGE 13 OF 129

(check only one)

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sabina A Braithwaite

Mailing Address PO Box 780809

City	State	Zip Code
Wichita	KS	67278-0809

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2012

Transaction ID : C1617709

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. George Richard Bruno

Mailing Address 1684 Ala Moana Blvd

City	State	Zip Code
Honolulu	HI	96815-1484

FEC ID number of contributing federal political committee.

C

Name of Employer

HEPA Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	30	/	2012

Transaction ID : C1591083

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kent M Burgwardt

Mailing Address 314 Whitewood Dr

City	State	Zip Code
Rocky Hill	CT	06067-4256

FEC ID number of contributing federal political committee.

C

Name of Employer

St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	15	/	2012

Transaction ID : C1616966

Amount of Each Receipt this Period

1000.00

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

2083.33

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

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 (Last, First, Middle Initial)

A. James William Callaghan

Mailing Address 216 Rosa Ave

City

Metairie

State

LA

Zip Code

70005-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. James William Callaghan

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 14 / 2012

Transaction ID : C1600438

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Cal Chaney

Mailing Address PO Box 619911
 ACEP

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 28 / 2012

Transaction ID : C1606196

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Michael C Christopher MD, FACEP

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588943

Amount of Each Receipt this Period

83.33

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

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

583.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
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 Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 129

(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

Full Name (Last, First, Middle Initial)

A. Michael C Christopher MD, FACEP

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : C1603869

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Michael C Christopher MD, FACEP

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C1617708

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. L Anthony Cirillo MD, FACEP

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1588953

Amount of Each Receipt this Period

250.00

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

416.66

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

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 16 OF 129

☒ 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 (Last, First, Middle Initial)

A. Carol L Clark MD, MBA, F

Mailing Address 4728 Haddington Dr

William Beaumont Hosp ED

City

Bloomfield Hills

State

MI

Zip Code

48304-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588957

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. R Carter Clements MD

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588948

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. R Carter Clements MD

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603868

Amount of Each Receipt this Period

83.33

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

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

416.66

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 17 OF 129

☒ 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 (Last, First, Middle Initial)

A. R Carter Clements MD

Mailing Address 5558 Taft Ave

City State Zip Code
 Oakland CA 94618-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C1617702

Amount of Each Receipt this Period

833.33

Full Name (Last, First, Middle Initial)

B. Mary Lois Colfer

Mailing Address 2523 Hanover Ave

City State Zip Code
 Richmond VA 23220-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

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 Y Y
 01 / 24 / 2012

Transaction ID : C1594016

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert Cooney

Mailing Address 210 Concord St

City State Zip Code
 Indiana PA 15701-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Gen Hos

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : C1603823

Amount of Each Receipt this Period

250.00

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

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

833.33

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

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

FOR LINE NUMBER: PAGE 18 OF 129

(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

Full Name (Last, First, Middle Initial)

A. Marco Coppola DO, FACEP

Mailing Address 7105 Waldon Ct

City

Colleyville

State

TX

Zip Code

76034-7319

FEC ID number of contributing
federal political committee.

C

Name of Employer

Questcare Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 07 / 2012

Transaction ID : C1596604

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kathleen Cowling

Mailing Address 3400 Midland Rd

City

Saginaw

State

MI

Zip Code

48603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 29 / 2012

Transaction ID : C1589832

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Robert J Cox MD, FACEP

Mailing Address 817 Thomaston St

City

Barnesville

State

GA

Zip Code

30204-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 28 / 2012

Transaction ID : C1606195

Amount of Each Receipt this Period

250.00

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

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

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

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

FOR LINE NUMBER: PAGE 19 OF 129

(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

Full Name (Last, First, Middle Initial)

A. James Michael Cusick MD, FACEP

Mailing Address 1077 Race St

City State Zip Code
Denver CO 80206-2832

FEC ID number of contributing federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588951

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. James Michael Cusick MD, FACEP

Mailing Address 1077 Race St

City State Zip Code
Denver CO 80206-2832

FEC ID number of contributing federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603867

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. James Michael Cusick MD, FACEP

Mailing Address 1077 Race St

City State Zip Code
Denver CO 80206-2832

FEC ID number of contributing federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617703

Amount of Each Receipt this Period

83.33

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

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

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 20 OF 129

☒ 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 (Last, First, Middle Initial)

A. Randal L Dabbs

Mailing Address 105 Osprey Cove Ct

Team Health MidSouth

City

Lenoir City

State

TN

Zip Code

37772-3899

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health MidSouth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Transaction ID : C1613029

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Thomas C Dancoes DO

Mailing Address 30 Constitution Ave

City

Hampden

State

ME

Zip Code

04444-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588960

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Thomas C Dancoes DO

Mailing Address 30 Constitution Ave

City

Hampden

State

ME

Zip Code

04444-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603866

Amount of Each Receipt this Period

83.33

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

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

1166.66

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

PAGE 21 OF 129

<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 (Last, First, Middle Initial)

A. Thomas C Dancoes DO

Mailing Address 30 Constitution Ave

City

Hampden

State

ME

Zip Code

04444-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	19	/	2012

Transaction ID : C1617704

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Alan Davidson III

Mailing Address 34 Bluff Ridge Ct

City

Greensboro

State

NC

Zip Code

27455-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Moses H Cone Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	22	/	2012

Transaction ID : C1604023

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603822

Amount of Each Receipt this Period

250.00

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

583.33

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

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 22 OF 129

☒ 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 (Last, First, Middle Initial)

A. Jason DeLeon

Mailing Address 25 Limestone Rd

City

Dothan

State

AL

Zip Code

36301-7807

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ FL Emerg Med Residency

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 20 / 2012

Transaction ID : C1618655

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Fred Dennis MD, MBA, F

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Fred Dennis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588961

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Fred Dennis MD, MBA, F

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Fred Dennis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603865

Amount of Each Receipt this Period

83.33

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

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

416.66

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

PAGE 23 OF 129

<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 (Last, First, Middle Initial)

A. Fred Dennis MD, MBA, F

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Fred Dennis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	9		2	0	1	2

Transaction ID : C1617705

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jeffrey D Dixon MD, FACEP

Mailing Address 1389 E 27th St

City

Tulsa

State

OK

Zip Code

74114-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer

GCEP Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	7		2	0	1	2

Transaction ID : C1596606

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Carlos Gomez Duarte

Mailing Address 6N969 Whispering Trail

City

Saint Charles

State

IL

Zip Code

60175

FEC ID number of contributing
federal political committee.

C

Name of Employer

Valley Emergency Care Management

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	0		2	0	1	2

Transaction ID : C1618528

Amount of Each Receipt this Period

250.00

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

583.33

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

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

Use separate schedule(s)
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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 (Last, First, Middle Initial)

A. James R Dudley MD, MBA, F

Mailing Address PO Box 488

Riverside Tappahannock Hosp

City Gloucester State VA Zip Code 23061-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588962

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James R Dudley MD, MBA, F

Mailing Address PO Box 488

Riverside Tappahannock Hosp

City Gloucester State VA Zip Code 23061-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603851

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. James R Dudley MD, MBA, F

Mailing Address PO Box 488

Riverside Tappahannock Hosp

City Gloucester State VA Zip Code 23061-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 06 / 2012

Transaction ID : C1616113

Amount of Each Receipt this Period

100.00

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

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

200.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R Dudley MD, MBA, F

Mailing Address PO Box 488

Riverside Tappahannock Hosp

City

Gloucester

State

VA

Zip Code

23061-0488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2012

Transaction ID : C1617701

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Ofer Faig

Mailing Address 2121 Mid Lane Dr

City

Houston

State

TX

Zip Code

77027-3883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Morristown Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 22 / 2012

Transaction ID : C1604097

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. William B. Felegi Fe

Mailing Address 731 Red Lion Way

City

Bridgewater

State

NJ

Zip Code

08807-1668

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMA

Occupation

Emergency Medicine Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 02 / 2012

Transaction ID : C1539320

Amount of Each Receipt this Period

1000.00

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

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

2050.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588908

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603864

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617706

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 27 OF 129

(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

Full Name (Last, First, Middle Initial)

A. Diana L Fite MD, FACEP

Mailing Address 15806 Maple Falls Ct

City State Zip Code
 Tomball TX 77377-8762

FEC ID number of contributing federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1588964

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Diana L Fite MD, FACEP

Mailing Address 15806 Maple Falls Ct

City State Zip Code
 Tomball TX 77377-8762

FEC ID number of contributing federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : C1603877

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Diana L Fite MD, FACEP

Mailing Address 15806 Maple Falls Ct

City State Zip Code
 Tomball TX 77377-8762

FEC ID number of contributing federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C1617728

Amount of Each Receipt this Period

90.00

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

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

270.00

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

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

FOR LINE NUMBER: PAGE 28 OF 129

(check only one)

<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 (Last, First, Middle Initial)

A. Juan Francisco Fitz MD, FACEP

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588965

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Juan Francisco Fitz MD, FACEP

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603863

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Juan Francisco Fitz MD, FACEP

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	19	/	2012

Transaction ID : C1617707

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER:
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PAGE 29 OF 129

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Bch VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

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
 01 / 25 / 2012

Transaction ID : C1588907

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Bch VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

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
 02 / 20 / 2012

Transaction ID : C1603845

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Bch VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

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 / 19 / 2012

Transaction ID : C1617738

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

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(check only one)

PAGE 30 OF 129

☒ 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 (Last, First, Middle Initial)

A. Druce Fu

Mailing Address 9071 N 53rd Pl

City

Paradise Vly

State

AZ

Zip Code

85253-1607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maricopa Med Ctr

Occupation

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 Y Y
02 / 17 / 2012

Transaction ID : C1602404

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Douglas H Gaither

Mailing Address 6140 S Gun Club Rd Unit K6 234

City

aurora

State

CO

Zip Code

80016

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : C1618520

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William Stephen Gallea

Mailing Address PO Box 6622

City

Helena

State

MT

Zip Code

59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer

c/o Lopach & Carparelli

Occupation

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
01 / 25 / 2012

Transaction ID : C1588968

Amount of Each Receipt this Period

100.00

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

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

850.00

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Stephen Gallea

Mailing Address PO Box 6622

City
Helena

State
MT

Zip Code
59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer
c/o Lopach & Carparelli

Occupation
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
02 / 20 / 2012

Transaction ID : C1603837

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William Stephen Gallea

Mailing Address PO Box 6622

City
Helena

State
MT

Zip Code
59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer
c/o Lopach & Carparelli

Occupation
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 / 19 / 2012

Transaction ID : C1617732

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jason Timothy Garrison MD, FACEP

Mailing Address 7 Callis Ln

City
Poquoson

State
VA

Zip Code
23662-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Emer Phys

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 27 / 2012

Transaction ID : C1591080

Amount of Each Receipt this Period

250.00

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

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

450.00

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ann Marie Garritano

Mailing Address 19001 Audette St.

City

Dearborn

State

MI

Zip Code

48124

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCES

Occupation

EM physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 10 / 2012

Transaction ID : C1599153

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christopher M Gentle

Mailing Address 10131 Roulette Dr

City

Hagerstown

State

MD

Zip Code

21740-1492

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Cnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : C1596433

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael Joseph Gerardi

Mailing Address 29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

MM / DD / YYYY
02 / 22 / 2012

Transaction ID : C1604102

Amount of Each Receipt this Period

1000.00

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

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

2500.00

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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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob K Goertz

Mailing Address 235 W 102nd St

City
New YorkState
NYZip Code
10025-8434FEC ID number of contributing
federal political committee.

C

Name of Employer

Long Island Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	15	/	2012

Transaction ID : C1616965

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Michael Goodloe MD, FACEP

Mailing Address 3720 E 99th Pl

City
TulsaState
OKZip Code
74137-5231FEC ID number of contributing
federal political committee.

C

Name of Employer

OU COM-Tulsa-Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603830

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mylissa Amy Graber MD, FACEP

Mailing Address 7809 Trieste Pl

City
Delray BeachState
FLZip Code
33446-4403FEC ID number of contributing
federal political committee.

C

Name of Employer

Coral Springs Med Ctr

Occupation

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
01	/	25	/	2012

Transaction ID : C1588970

Amount of Each Receipt this Period

100.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 34 OF 129
(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

Full Name (Last, First, Middle Initial)

A. Mylissa Amy Graber MD, FACEP

Mailing Address 7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603836

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mylissa Amy Graber MD, FACEP

Mailing Address 7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617733

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588971

Amount of Each Receipt this Period

83.33

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

283.33

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

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 129

(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

Full Name (Last, First, Middle Initial)

A. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : C1603862

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code
 Aiken SC 29803-5688

FEC ID number of contributing federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C1617726

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Andrea L Green MD, FACEP

Mailing Address 5 Twin Springs Dr

City State Zip Code
 Dalworthington Grdns TX 76016-4027

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
 01 / 25 / 2012

Transaction ID : C1588972

Amount of Each Receipt this Period

150.00

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

316.66

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

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 (Last, First, Middle Initial)

A. Andrea L Green MD, FACEP

Mailing Address 5 Twin Springs Dr

City

Dalworthington Grdns

State

TX

Zip Code

76016-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603847

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Andrea L Green MD, FACEP

Mailing Address 5 Twin Springs Dr

City

Dalworthington Grdns

State

TX

Zip Code

76016-4027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617742

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. Jason Greenbaum

Mailing Address 77 Soundview Ave

City

Stamford

State

CT

Zip Code

06902-6111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : C1604101

Amount of Each Receipt this Period

1000.00

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

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

1300.00

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

PAGE 37 OF 129

<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 (Last, First, Middle Initial)

A. Robert D Greenberg MD, FACEP

Mailing Address 1707 Canyon Spgs

Scott & White

City

Belton

State

TX

Zip Code

76513-1044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept of Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rachelle Ann Greenman MD, FACEP

Mailing Address 122 Renaissance Dr

City

Cherry Hill

State

NJ

Zip Code

08003-5102

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cooper University Hospital

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	03	/	2012

Transaction ID : C1596427

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael G Guttenberg DO, FACEP

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588974

Amount of Each Receipt this Period

250.00

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

1000.00

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

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 38 OF 129

☒ 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 (Last, First, Middle Initial)

A. Jerry Guzik

Mailing Address 1006 Crown Court

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health East

Occupation

EM 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
01 / 03 / 2012

Transaction ID : C1539630

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jerry Guzik

Mailing Address 1006 Crown Court

City

Mahwah

State

NJ

Zip Code

07430

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health East

Occupation

EM 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
02 / 07 / 2012

Transaction ID : C1596572

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Alison Haddock MD

Mailing Address 1800 11th Ave

City

Seattle

State

WA

Zip Code

98122-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588975

Amount of Each Receipt this Period

83.33

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

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

383.33

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

PAGE 39 OF 129

<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 (Last, First, Middle Initial)

A. Alison Haddock MD

Mailing Address 1800 11th Ave

City
SeattleState
WAZip Code
98122-2421FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2012

Transaction ID : C1603874

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Alison Haddock MD

Mailing Address 1800 11th Ave

City
SeattleState
WAZip Code
98122-2421FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2012

Transaction ID : C1617725

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Lindsay M Harmon-Hardin

Mailing Address 10974 Eaton Ct

City
FishersState
INZip Code
46038-4738FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : C1588976

Amount of Each Receipt this Period

100.00

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

266.66

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

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

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

FOR LINE NUMBER:
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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 (Last, First, Middle Initial)

A. Lindsay M Harmon-Hardin

Mailing Address 10974 Eaton Ct

City

Fishers

State

IN

Zip Code

46038-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603835

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lindsay M Harmon-Hardin

Mailing Address 10974 Eaton Ct

City

Fishers

State

IN

Zip Code

46038-4738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 19 / 2012

Transaction ID : C1617734

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Carlton E Heine MD, FACEP

Mailing Address 2986 Foster Ave

City

Juneau

State

AK

Zip Code

99801-1956

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skagit Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603831

Amount of Each Receipt this Period

250.00

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

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

450.00

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 41 OF 129

☒ 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 (Last, First, Middle Initial)

A. Marilyn Joan Heine

Mailing Address 900 Twining Rd

City

State

Zip Code

Dresher

PA

19025-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mercy Suburban Hosp

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2012

Transaction ID : C1619416

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Charles W Henrichs III, MD, F

Mailing Address 602 Red Oak Dr

Margaret R Pardee Meml Hosp

City

State

Zip Code

Hendersonville

NC

28791-1968

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Hendersonville Emer Consultant

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603828

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Douglas M Hill DO, FACEP

Mailing Address 6770 Ridgeview Dr

N Suburban Med Ctr

City

State

Zip Code

Morrison

CO

80465-2720

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

N Suburban Med Ctr

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 07 / 2012

Transaction ID : C1596608

Amount of Each Receipt this Period

1000.00

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

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

1500.00

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 (Last, First, Middle Initial)

A. Larry Hobbs MD, FACEP

Mailing Address 12717 Brewster Dr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588901

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Larry Hobbs MD, FACEP

Mailing Address 12717 Brewster Dr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603833

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Larry Hobbs MD, FACEP

Mailing Address 12717 Brewster Dr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

03 / 19 / 2012

Transaction ID : C1617697

Amount of Each Receipt this Period

83.33

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

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

249.99

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 (Last, First, Middle Initial)

A. Kenneth L Holbert

Mailing Address 130 Laural Hill Dr

City

Smyrna

State

TN

Zip Code

37167-4907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harton Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 19 / 2012

Transaction ID : C1617693

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Hans Roberts House MD, FACEP

Mailing Address 1 Lake Pointe Rd NE

Univ of IA Hosps & Clns

City

Iowa City

State

IA

Zip Code

52240-9105

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IA Hosps & Clns

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : C1588978

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank Anthony Illuzzi

Mailing Address 102 Sasco Hill Rd

City

Fairfield

State

CT

Zip Code

06824-5645

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Vincents Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 23 / 2012

Transaction ID : C1620783

Amount of Each Receipt this Period

500.00

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

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

1750.00

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 (Last, First, Middle Initial)

A. David Peter John MD, FACEP

Mailing Address 20 Clifton Rd

Caritas Carney Hosp Dept of EM

City	State	Zip Code
Milton	MA	02186-4442

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caritas Carney Hosp Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Julian L Kadish MD

Mailing Address 72 Reservoir St

City	State	Zip Code
Norton	MA	02766-2202

FEC ID number of contributing
federal political committee.

C

Name of Employer

Orion Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2012

Transaction ID : C1611916

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Steven B Kailes MD, FACEP

Mailing Address 1998 Rivergate Dr

City	State	Zip Code
Fleming Isle	FL	32003-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588980

Amount of Each Receipt this Period

100.00

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

850.00

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

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 (Last, First, Middle Initial)

A. Steven B Kailes MD, FACEP

Mailing Address 1998 Rivergate Dr

City

Fleming Isle

State

FL

Zip Code

32003-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Emer Consultant

Occupation

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
02 / 20 / 2012

Transaction ID : C1603838

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Steven B Kailes MD, FACEP

Mailing Address 1998 Rivergate Dr

City

Fleming Isle

State

FL

Zip Code

32003-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Emer Consultant

Occupation

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
03 / 19 / 2012

Transaction ID : C1617737

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Neeraja Kairam

Mailing Address 20 Club Dr

City

Summit

State

NJ

Zip Code

07901-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medical Associates

Occupation

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
02 / 17 / 2012

Transaction ID : C1602365

Amount of Each Receipt this Period

300.00

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

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

500.00

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

PAGE 46 OF 129

<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			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Noah L Keller

Mailing Address 10119 Easterday Ct

City

Hagerstown

State

MD

Zip Code

21742-9791

FEC ID number of contributing
federal political committee.

C

Name of Employer

Washington Co Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2012

Transaction ID : C1591089

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James F Kenny

Mailing Address 96 Aspinwall St

City

Staten Island

State

NY

Zip Code

10307-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Staten Island University Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	02	/	2012

Transaction ID : C1596395

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Terry Kowalenko MD, FACEP

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588981

Amount of Each Receipt this Period

83.33

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

1583.33

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

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 47 OF 129

☒ 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 (Last, First, Middle Initial)

A. Terry Kowalenko MD, FACEP

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY
02 / 20 / 2012

Transaction ID : C1603861

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Terry Kowalenko MD, FACEP

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

MM / DD / YYYY
03 / 19 / 2012

Transaction ID : C1617724

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Steven Kulick

Mailing Address 13206 N Hawthorne Ct

City

Mequon

State

WI

Zip Code

53097-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : C1602345

Amount of Each Receipt this Period

365.00

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

531.66

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

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 (Last, First, Middle Initial)

A. Pablo Laureano

Mailing Address PO Box 470

City

San Lorenzo

State

PR

Zip Code

00754-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hosp Auxilio Mutuo ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 08 / 2012

Transaction ID : C1599054

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Evan Craig Leibner

Mailing Address 9851 E Friess Drive

City

Scottsdale

State

AZ

Zip Code

85260

FEC ID number of contributing
federal political committee.

C

Name of Employer

PEMS

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : C1595044

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Michael Lozano Jr, MD, FA

Mailing Address 4824 Longwater Way

City

Tampa

State

FL

Zip Code

33615-4216

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : C1621514

Amount of Each Receipt this Period

1000.00

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

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

2225.00

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

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

FOR LINE NUMBER: PAGE 49 OF 129

(check only one)

<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 (Last, First, Middle Initial)

A. Thomas J Lydon

Mailing Address PO Box 51

City

Rye Beach

State

NH

Zip Code

03871-0051

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wentworth Douglass Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	2		2	0	1	2

Transaction ID : C1596386

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Robert T Malinowski MD, FACEP

Mailing Address 660 Norborne Ave

City

Dearborn Hts

State

MI

Zip Code

48127-3707

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	2

Transaction ID : C1600232

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ricardo Martinez

Mailing Address 2828 Cravey Dr NE

City

Atlanta

State

GA

Zip Code

30345-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer

the schumacher group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	3		2	0	1	2

Transaction ID : C1616960

Amount of Each Receipt this Period

250.00

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

1575.00

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

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 (Last, First, Middle Initial)

A. Matthew Mostofi Matthew Mostofi

Mailing Address 46 Frothingham Street

City State Zip Code
Milton MA 02186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Medical Center

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 23 / 2012

Transaction ID : C1620302

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Angela F Mattke MD, FACEP

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med Svcs

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : C1591086

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Angela F Mattke MD, FACEP

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med Svcs

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603839

Amount of Each Receipt this Period

100.00

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

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

1200.00

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

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

FOR LINE NUMBER: PAGE 51 OF 129

(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

Full Name (Last, First, Middle Initial)

A. Angela F Mattke MD, FACEP

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617735

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Angela F Mattke MD, FACEP

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : C1624061

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588992

Amount of Each Receipt this Period

83.33

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 52 OF 129

(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

Full Name (Last, First, Middle Initial)

A. Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603860

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617722

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. C McArthur III, MD, M

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588995

Amount of Each Receipt this Period

250.00

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

416.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 129

(check only one)

<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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William E McConnell

Mailing Address 19122 Harborbridge Ln

City	State	Zip Code
Lutz	FL	33558-9717

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. William E McConnell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2012

Transaction ID : C1602379

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dennis Lucas McGill MD, FACEP

Mailing Address 19 Camden Rd

City	State	Zip Code
Hillsborough	NJ	08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588991

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Dennis Lucas McGill MD, FACEP

Mailing Address 19 Camden Rd

City	State	Zip Code
Hillsborough	NJ	08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603859

Amount of Each Receipt this Period

83.33

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

416.66

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

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 (Last, First, Middle Initial)

A. Dennis Lucas McGill MD, FACEP

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617721

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. David James Mendelson MD, FACEP

Mailing Address 4633 Post Oak Dr

City

Frisco

State

TX

Zip Code

75034-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jacob Mark Meredith III, MD, F

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588993

Amount of Each Receipt this Period

83.33

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

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

416.66

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 (Last, First, Middle Initial)

A. Jacob Mark Meredith III, MD, F

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603858

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jacob Mark Meredith III, MD, F

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617720

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Michael George Mikhail

Mailing Address 1904 Valleyview Dr

City

Ann Arbor

State

MI

Zip Code

48105-9362

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Mercy Hosp ED

Occupation

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 Y Y
03 / 13 / 2012

Transaction ID : C1616958

Amount of Each Receipt this Period

500.00

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

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

666.66

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 56 OF 129

☒ 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 (Last, First, Middle Initial)

A. Thomas R Mitchell MD, FACEP

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 23 / 2012

Transaction ID : C1588050

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Thomas R Mitchell MD, FACEP

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603936

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

c. Thomas R Mitchell MD, FACEP

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : C1619437

Amount of Each Receipt this Period

200.00

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

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

600.00

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 57 OF 129

☒ 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 (Last, First, Middle Initial)

A. Jack Henry Mitstifer

Mailing Address 4877 Squire Dr

City

Northfield

State

OH

Zip Code

44067-3287

FEC ID number of contributing
federal political committee.

C

Name of Employer

GEMS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603824

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. George W Molzen MD, FACEP

Mailing Address PO Box 3309

City

Naples

State

FL

Zip Code

34106-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Albuquerque Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 07 / 2012

Transaction ID : C1613032

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. John C Moorhead MD, FACEP

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Hlth Sci Univ CDW-EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 17 / 2012

Transaction ID : C1602403

Amount of Each Receipt this Period

1000.00

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

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

2250.00

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

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

FOR LINE NUMBER: PAGE 58 OF 129

(check only one)

<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 (Last, First, Middle Initial)

A. Joshua B Moskowitz MD, MPH

Mailing Address 435 E 79th St

City
New YorkState
NYZip Code
10075-1076FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : C1588994

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Joshua B Moskowitz MD, MPH

Mailing Address 435 E 79th St

City
New YorkState
NYZip Code
10075-1076FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2012

Transaction ID : C1603857

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

c. Joshua B Moskowitz MD, MPH

Mailing Address 435 E 79th St

City
New YorkState
NYZip Code
10075-1076FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2012

Transaction ID : C1617719

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

FOR LINE NUMBER: PAGE 59 OF 129

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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 (Last, First, Middle Initial)

A. Michael D Nauss MD

Mailing Address 2759 Calloway Ct

City

State

Zip Code

Canton

MI

48188-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of Cincinnati Hosp

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588999

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Ira R Nemeth

Mailing Address 1408 Vermont St
Unit A

City

State

Zip Code

Houston

TX

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dr. Ira R Nemeth

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588997

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ira R Nemeth

Mailing Address 1408 Vermont St
Unit A

City

State

Zip Code

Houston

TX

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dr. Ira R Nemeth

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603846

Amount of Each Receipt this Period

125.00

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

550.00

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

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

PAGE 60 OF 129

<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 (Last, First, Middle Initial)

A. Ira R Nemeth

Mailing Address 1408 Vermont St

Unit A

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2012

Transaction ID : C1617741

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. John O Newcomb

Mailing Address 15643 Compass Drive

City

Northport

State

AL

Zip Code

35475

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Alabama Emergency Physicians, PC

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2012

Transaction ID : C1622857

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeffrey R Nickel MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1588998

Amount of Each Receipt this Period

83.33

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

1208.33

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

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 61 OF 129

☒ 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 (Last, First, Middle Initial)

A. Jeffrey R Nickel MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603856

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jeffrey R Nickel MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617718

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Robert E O'Connor MD, FACEP

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA Hlth Svc-Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1589000

Amount of Each Receipt this Period

250.00

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

416.66

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

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

PAGE 62 OF 129

<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 (Last, First, Middle Initial)

A. Margaret A Orcutt-Tuddenham

Mailing Address 8600 Willow Run Ct

City

Cincinnati

State

OH

Zip Code

45243-3448

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Margaret A Orcutt-Tuddenham

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	01	/	2012

Transaction ID : C1611909

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Rebecca B Parker

Mailing Address 5880 Highland Ln

City

Vlg Of Lakewd

State

IL

Zip Code

60014-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Rebecca B Parker

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1589004

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles F Pattavina MD, FACEP

Mailing Address

360 Broadway

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1589001

Amount of Each Receipt this Period

100.00

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

600.00

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

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 63 OF 129

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles F Pattavina MD, FACEP

Mailing Address

360 Broadway

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

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
02 / 20 / 2012

Transaction ID : C1603841

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Charles F Pattavina MD, FACEP

Mailing Address

360 Broadway

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

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 / 19 / 2012

Transaction ID : C1617730

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Lee E Payne MD, FACEP

Mailing Address 4199 Douglass Way

City

Usaf Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1589002

Amount of Each Receipt this Period

83.33

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

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

283.33

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Lee E Payne MD, FACEP

Mailing Address 4199 Douglass Way

City State Zip Code
 Usaf Academy CO 80840-1099

FEC ID number of contributing federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 20 / 2012

Transaction ID : C1603855

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Lee E Payne MD, FACEP

Mailing Address 4199 Douglass Way

City State Zip Code
 Usaf Academy CO 80840-1099

FEC ID number of contributing federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 19 / 2012

Transaction ID : C1617717

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Daniel Eugene Peckenpugh MD, FACEP

Mailing Address 4107 Wood Creek Ct

City State Zip Code
 Colleyville TX 76034-4101

FEC ID number of contributing federal political committee.

C

Name of Employer

HEB Emergicare PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 15 / 2012

Transaction ID : C1619407

Amount of Each Receipt this Period

1000.00

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

1166.66

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

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

Use separate schedule(s)
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Detailed Summary Page

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(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

Full Name (Last, First, Middle Initial)

A. Nathan Phillip Peimann

Mailing Address PO Box 20150

City

Juneau

State

AK

Zip Code

99802-0150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bartlett Hosp

Occupation

Emergency Physician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 16 / 2012

Transaction ID : C1617372

Amount of Each Receipt this Period

505.00

Full Name (Last, First, Middle Initial)

B. Nathan Phillip Peimann

Mailing Address PO Box 20150

City

Juneau

State

AK

Zip Code

99802-0150

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bartlett Hosp

Occupation

Emergency Physician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2012

Transaction ID : C1618656

Amount of Each Receipt this Period

505.00

Full Name (Last, First, Middle Initial)

C. Ari M Perkins MD

Mailing Address 31 Mayhew Ave

City

Larchmont

State

NY

Zip Code

10538-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Norwalk Hospital

Occupation

Emergency Physician

Receipt For:

☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
02 / 22 / 2012

Transaction ID : C1604024

Amount of Each Receipt this Period

1000.00

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

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

2010.00

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

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

FOR LINE NUMBER: PAGE 66 OF 129

(check only one)

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<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ericka Powell MD, FACEP

Mailing Address 40 Lane Rd

City	State	Zip Code
Derry	NH	03038-4194

FEC ID number of contributing federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		25		2012

Transaction ID : C1588927

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Ericka Powell MD, FACEP

Mailing Address 40 Lane Rd

City	State	Zip Code
Derry	NH	03038-4194

FEC ID number of contributing federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2012

Transaction ID : C1603854

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Ericka Powell MD, FACEP

Mailing Address 40 Lane Rd

City	State	Zip Code
Derry	NH	03038-4194

FEC ID number of contributing federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2012

Transaction ID : C1617716

Amount of Each Receipt this Period

83.33

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

249.99

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

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 129

(check only one)

<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 (Last, First, Middle Initial)

A. John Joseph Reed Jr

Mailing Address 2917 Hybart St

City	State	Zip Code
Fayetteville	NC	28303-5916

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Fear Valley Med Ctr

Occupation

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
02	/	10	/	2012

Transaction ID : C1600257

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Franz P Reichsman

Mailing Address 63 Chestnut St

City	State	Zip Code
Brattleboro	VT	05301-6586

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cheshire Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	01	/	2012

Transaction ID : C1594812

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey A Rey

Mailing Address 32 Hyannis

City	State	Zip Code
Laguna Niguel	CA	92677-4770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Hosp Regl Med Ctr ED

Occupation

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
01	/	04	/	2012

Transaction ID : C1581074

Amount of Each Receipt this Period

200.00

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

950.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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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 (Last, First, Middle Initial)

A. Jeffrey A Rey

Mailing Address 32 Hyannis

City

Laguna Niguel

State

CA

Zip Code

92677-4770

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mission Hosp Regl Med Ctr ED

Occupation

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
02 / 03 / 2012

Transaction ID : C1599140

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Marcus E Riccioni MD, FACEP

Mailing Address 1 Thurston Ln

City

Falmouth

State

ME

Zip Code

04105-2617

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal ME Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : C1587953

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Gregory Conway Risk

Mailing Address 113 Arbon Ln

City

New Bern

State

NC

Zip Code

28562-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Craven Reg Med Ctr ED

Occupation

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 Y Y
01 / 06 / 2012

Transaction ID : C1579846

Amount of Each Receipt this Period

250.00

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

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

750.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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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 (Last, First, Middle Initial)

A. Gregory Conway Risk

Mailing Address 113 Arbon Ln

City

New Bern

State

NC

Zip Code

28562-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer

Craven Reg Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	03	/	2012

Transaction ID : C1596424

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David William Ross DO, FACEP

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer

Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : C1589006

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Edward Rudkin MD, MBA, F

Mailing Address 6731 E Boscana Ct

City

Orange

State

CA

Zip Code

92867-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA Irvine Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : C1601718

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER:
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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 (Last, First, Middle Initial)

A. Tracy G Sanson

Mailing Address 812 Lorena Rd

City

Lutz

State

FL

Zip Code

33548-4589

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEAMHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : C1589011

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas L Schaar MD

Mailing Address 1318 Gasparilla Dr

City

Fort Myers

State

FL

Zip Code

33901-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

02 / 08 / 2012

Transaction ID : C1599040

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

c. Nathaniel R Schlicher MD, JD

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2012

Transaction ID : C1589012

Amount of Each Receipt this Period

250.00

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

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

900.00

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

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

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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 (Last, First, Middle Initial)

A. David Charles Seaberg

Mailing Address 9348 Royal Mountain Dr

Univ TN Colg of Med-Deans Ofc

City State Zip Code
 Chattanooga TN 37421-2067

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ TN Colg of Med-Deans Ofc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 14 / 2012

Transaction ID : C1616079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. William K Sheffield

Mailing Address 5922 S 1000 E

City State Zip Code
 Ogden UT 84405-7200

FEC ID number of contributing
federal political committee.

C

Name of Employer

EPIC LLC

Occupation

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 Y Y
 02 / 17 / 2012

Transaction ID : C1602369

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. April A Silva

Mailing Address 15 Locust Ln

City State Zip Code
 Oyster Bay NY 11771-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glen Cove Hosp

Occupation

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
 02 / 14 / 2012

Transaction ID : C1600440

Amount of Each Receipt this Period

200.00

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

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

950.00

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

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

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(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 (Last, First, Middle Initial)

A. April A Silva

Mailing Address 15 Locust Ln

City

Oyster Bay

State

NY

Zip Code

11771-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

Glen Cove Hosp

Occupation

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 / 28 / 2012

Transaction ID : C1624067

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Rhett Silver

Mailing Address 1 E Delaware Pl

City

Chicago

State

IL

Zip Code

60611-4982

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 20 / 2012

Transaction ID : C1587959

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Vida R Skandalakis MD, FACEP

Mailing Address 55 Honour Ave NW

City

Atlanta

State

GA

Zip Code

30305-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Emer Assoc

Occupation

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
02 / 28 / 2012

Transaction ID : C1606182

Amount of Each Receipt this Period

300.00

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

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

650.00

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 (Last, First, Middle Initial)

A. David P Sklar

Mailing Address 315 Hermosa Dr NE

City

Albuquerque

State

NM

Zip Code

87108-1025

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dept Emerg Med MSC08 4770

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

02 / 10 / 2012

Transaction ID : C1600242

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Don L Slack

Mailing Address 14735 Sky Island Ln
Skagit Valley Hosp

City

Anacortes

State

WA

Zip Code

98221-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skagit Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

02 / 27 / 2012

Transaction ID : C1605988

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Don L Slack

Mailing Address 14735 Sky Island Ln
Skagit Valley Hosp

City

Anacortes

State

WA

Zip Code

98221-9701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Skagit Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 22 / 2012

Transaction ID : C1621818

Amount of Each Receipt this Period

100.00

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

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

1350.00

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 (Last, First, Middle Initial)

A. Todd Slesinger MD, FACEP

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	25	/	2012

Transaction ID : C1589008

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Todd Slesinger MD, FACEP

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	20	/	2012

Transaction ID : C1603843

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Todd Slesinger MD, FACEP

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03	/	19	/	2012

Transaction ID : C1617729

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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FOR LINE NUMBER:
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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 (Last, First, Middle Initial)

A. Peter Erik Sokolove MD, FACEP

Mailing Address 3889 Exmoor Cir

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 19 / 2012

Transaction ID : C1617695

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

01 / 25 / 2012

Transaction ID : C1589009

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

02 / 20 / 2012

Transaction ID : C1603853

Amount of Each Receipt this Period

83.33

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

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

416.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617715

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Steven Joseph Stack MD, FACEP

Mailing Address 2083 Bridgeport Dr

City

Lexington

State

KY

Zip Code

40502-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph East Hosp ED Med Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 03 / 2012

Transaction ID : C1596441

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ryan Stanton MD

Mailing Address 1229 Birmingham Ln

City

Lexington

State

KY

Zip Code

40513-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

MESA

Occupation

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
01 / 25 / 2012

Transaction ID : C1589010

Amount of Each Receipt this Period

100.00

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

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

1183.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Stanton MD

Mailing Address 1229 Birmingham Ln

City

Lexington

State

KY

Zip Code

40513-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

MESA

Occupation

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
02 / 20 / 2012

Transaction ID : C1603834

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ryan Stanton MD

Mailing Address 1229 Birmingham Ln

City

Lexington

State

KY

Zip Code

40513-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

MESA

Occupation

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 / 19 / 2012

Transaction ID : C1617736

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Gary C Starr

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1588903

Amount of Each Receipt this Period

75.00

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

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

275.00

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

Use separate schedule(s)
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Detailed Summary Page

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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 (Last, First, Middle Initial)

A. Gary C Starr

Mailing Address 5012 Russell Ave S

City State Zip Code
Minneapolis MN 55410-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603832

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

B. Gary C Starr

Mailing Address 5012 Russell Ave S

City State Zip Code
Minneapolis MN 55410-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617696

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

c. Robert Eduard Suter DO, FACEP

Mailing Address 5926 St Marks Cir

City State Zip Code
Dallas TX 75230-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer

UT Southwestern

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
02 / 14 / 2012

Transaction ID : C1600436

Amount of Each Receipt this Period

1000.00

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

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

1150.00

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

PAGE 79 OF 129

<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 (Last, First, Middle Initial)

A. Craig S Thomas

Mailing Address 356 Kaelepulu Dr

City
KailuaState
HIZip Code
96734-3305FEC ID number of contributing
federal political committee.

C

Name of Employer

HEPA Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : C1599050

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jeffrey B Thompson

Mailing Address PO Box 12779

City

Beaumont

State

TX

Zip Code

77726-2779

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meml Herman Baptist Beaumont

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

Transaction ID : C1605982

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. craig Steven turner

Mailing Address 2 willow ct

City

medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

south jersey emergency physicians

Occupation

emergency physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	17	/	2012

Transaction ID : C1594067

Amount of Each Receipt this Period

100.00

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

1100.00

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

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

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

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(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 (Last, First, Middle Initial)

A. craig Steven turner

Mailing Address 2 willow ct

City

medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer

south jersey emergency physicians

Occupation

emergency physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : C1619479

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Joseph Adrian Tyndall MD, FACEP

Mailing Address 7962 SW 85th Ter

Univ of FL - Dept of EM

City

Gainesville

State

FL

Zip Code

32608-5792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL - Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 25 / 2012

Transaction ID : C1589013

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Joseph Adrian Tyndall MD, FACEP

Mailing Address 7962 SW 85th Ter

Univ of FL - Dept of EM

City

Gainesville

State

FL

Zip Code

32608-5792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL - Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1603875

Amount of Each Receipt this Period

83.33

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

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

666.66

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

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

FOR LINE NUMBER: PAGE 81 OF 129

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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 (Last, First, Middle Initial)

A. Joseph Adrian Tyndall MD, FACEP

Mailing Address 7962 SW 85th Ter

Univ of FL - Dept of EM

City

Gainesville

State

FL

Zip Code

32608-5792

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL - Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 19 / 2012

Transaction ID : C1617714

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John A Tyrrell

Mailing Address 3 Cedar Tree Ln

City

Chester

State

NJ

Zip Code

07930-2218

FEC ID number of contributing
federal political committee.

C

Name of Employer

Overlook Emer Svcs Union Camp

Occupation

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 Y
01 / 17 / 2012

Transaction ID : C1581162

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Andrew Louis Walshak

Mailing Address 17 Gereg Glenn Rd

City

Brookfield

State

CT

Zip Code

06804-1054

FEC ID number of contributing
federal political committee.

C

Name of Employer

Danbury Hosp

Occupation

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 Y
02 / 17 / 2012

Transaction ID : C1602378

Amount of Each Receipt this Period

500.00

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

1083.33

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

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 (Last, First, Middle Initial)

A. L K Webb MD

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		25		2012

Transaction ID : C1589014

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. L K Webb MD

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02		20		2012

Transaction ID : C1603876

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

C. L K Webb MD

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
03		19		2012

Transaction ID : C1617727

Amount of Each Receipt this Period

84.00

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

252.00

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

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

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(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

Full Name (Last, First, Middle Initial)

A. Daniel R Wehner MD, MBA, F

Mailing Address 355 Bliss Street

City State Zip Code
Johnstown PA 15905

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Valley Memorial Hospital

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 31 / 2012

Transaction ID : C1623292

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard P Wendell MD

Mailing Address 925 Royall Ave

City State Zip Code
Mt Pleasant SC 29464-5037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palmetto Hlth Richland Meml

Occupation
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 Y Y
02 / 02 / 2012

Transaction ID : C1596392

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. MICHAEL J WERDMANN

Mailing Address 240 PORTERS HILL RD.

City State Zip Code
MONROE CT 06468

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIDGEPORT HOSPITAL

Occupation
EMERGENCY PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
02 / 20 / 2012

Transaction ID : C1602862

Amount of Each Receipt this Period

250.00

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

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

1250.00

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

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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 (Last, First, Middle Initial)

A. Dean Wilkerson

Mailing Address 538 Rolling Hills Rd

City State Zip Code
Coppell TX 75019-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mr. Dean Wilkerson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 / 30 / 2012

Transaction ID : C1591090

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mildred J Willy MD, FACEP

Mailing Address 5576 Hickory Ln

City State Zip Code
Bay City MI 48706-9722

FEC ID number of contributing
federal political committee.

C

Name of Employer

Timberline Emergency Physicians, PC

Occupation

emergency physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 22 / 2012

Transaction ID : C1620343

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. James Patrick Woods

Mailing Address 59668 S Sumner Rd

City State Zip Code
Coos Bay OR 97420-8415

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bay Area Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 26 / 2012

Transaction ID : C1621515

Amount of Each Receipt this Period

250.00

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

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

2250.00

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

PAGE 85 OF 129

<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 (Last, First, Middle Initial)

A. Peter B Woollett

Mailing Address 111 Kalaipua Pl

City

Honolulu

State

HI

Zip Code

96822-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Islands Emerg Med Svcs

Occupation

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
0	2		2	8		2	0	1	2

Transaction ID : C1606187

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Gary David ZimmerMailing Address 419 Boxwood Rd
St Marys Med Ctr

City

Bryn Mawr

State

PA

Zip Code

19010-1254

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Marys Med Ctr

Occupation

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
0	3		0	9		2	0	1	2

Transaction ID : C1613041

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

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

1000.00

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

66996.76

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 (Last, First, Middle Initial)

A. Wake Emergency Physicians PA PAC

Mailing Address 570 New Waverly Place
ste 210

City State Zip Code
Cary NC 27518

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
01 23 2012

Transaction ID : C1588043

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

5000.00

5000.00

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

PAGE 87 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERIPACMailing Address 499 South Capitol, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126670

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Austin Scott for Congress

Mailing Address PO Box 27750

City Macon State GA Zip Code 31221

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: GA District: 08Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : D126406

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Benishek for Congress

Mailing Address 802 Pentoga Trail

City Crystal Falls State MI Zip Code 49920

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President
State: MI District: 01Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : D126876

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

--

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

PAGE 88 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Berg for Senate

Mailing Address PO Box 9394

City	State	Zip Code
Fargo	ND	58106

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: ND District:

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : D127032

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Bill Flores for Congress

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805-6207

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 17

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : D127021

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bill Flores for Congress

Mailing Address PO Box 6207

City	State	Zip Code
Bryan	TX	77805-6207

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TX District: 17

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : D126412

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bucshon for Congress

Mailing Address PO Box 250

City
NewburghState
INZip Code
47629-0250Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Larry BuschonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126644

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Bucshon for Congress

Mailing Address PO Box 250

City
NewburghState
INZip Code
47629-0250Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Larry BuschonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : D125151

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City
LafayetteState
LAZip Code
70598Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Charles BoustanyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : D126423

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

PAGE 90 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Committee for the Preservation of Capitalism

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : D126883

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Committee for the Preservation of Capitalism

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Mailing Address PO Box 65314

City	State	Zip Code
Washington	DC	20035

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

State: District:

Annual contribution

Transaction ID : D127012

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Michelle Lujan Grisham

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Mailing Address 2015 Dietz Place, NW

City	State	Zip Code
Albuquerque	NM	87107

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NM District: 01

Transaction ID : D126669

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

PAGE 91 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Democratic Congressional Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Mailing Address 430 S Capitol St SE

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID : D124888

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Democratic Senatorial Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Mailing Address 120 Maryland Ave., NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
TypeOffice Sought:

<input type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID : D124893

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Duncan for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Mailing Address PO Box 732

City	State	Zip Code
Clinton	SC	29325

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Category/
TypeOffice Sought:

<input checked="" type="checkbox"/> House
<input type="checkbox"/> Senate
<input type="checkbox"/> President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 03

Transaction ID : D125404

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

32000.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

5000.00

Age Group	Percentage
18-24	10
25-34	15
35-44	20
45-54	25
55-64	30
65-74	35
75-84	40
85+	45

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

PAGE 93 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Chris Murphy

Mailing Address P.O. Box 127

City	State	Zip Code
Cheshire	CT	06410

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Chris Murphy

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CT

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : D126878

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Joseph R. Pitts

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : D124894

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gillibrand for SenateMailing Address 236 Massachusetts Ave., NE
Suite 110

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: NY

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Transaction ID : D124898

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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

PAGE 94 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. GOP GENERATION Y FUND

Mailing Address PO Box 9055

City	State	Zip Code
Peoria	IL	61612

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : D124896

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Huffman for Congress 2012

Mailing Address P.O. BOX 151563

City	State	Zip Code
SAN RAFAEL	CA	94915

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

JARED MR. HUFFMAN

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 06

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126620

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Hultgren for Congress

Mailing Address 1118 East Main Street

City	State	Zip Code
Saint Charles	IL	60174

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Randy Hultgren

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 14

Disbursement For: 2012

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Transaction ID : D126416

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hultgren for Congress

Mailing Address 1118 East Main Street

City	State	Zip Code
Saint Charles	IL	60174

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Randy Hultgren

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IL District: 14	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Transaction ID : D125402

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Jackie Walorski for CongressMailing Address 499 S. Capitol Street, SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: IN District: 02	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126652

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Karen Bass for CongressMailing Address c/o SG Consulting
1280 Bison Avenue, Suite B9-585

City	State	Zip Code
Newport Beach	CA	92660

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	Disbursement For: 2012
<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: CA District: 33	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126653

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

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SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kind For Congress Committee

Mailing Address 205 South 5th Ave
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Ron Kind

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y
01 / 25 / 2012

Transaction ID : D124897

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kinzinger for Congress

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y
02 / 08 / 2012

Transaction ID : D125150

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kinzinger for Congress

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 11

Date of Disbursement

M M / D D / Y Y Y Y Y
03 / 07 / 2012

Transaction ID : D126426

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

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

4000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kirkpatrick for Arizona

Mailing Address P.O. Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126635

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KLOBUCHAR FOR MINNESOTA 2012

Mailing Address PO BOX 4146

City	State	Zip Code
ST PAUL	MN	55104

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Amy Klobuchar

Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President
State: MN	District: 00

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : D126884

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Kurt Schrader For Congress

Mailing Address 205 N Main St.

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Kurt Schrader

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OR	District: 05

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : D126424

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Langevin For Congress

Mailing Address 181-A Knight St

City
WarwickState
RIZip Code
02886Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. James LangevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : D126418

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Langevin For Congress

Mailing Address 181-A Knight St

City
WarwickState
RIZip Code
02886Purpose of Disbursement
VOID CK#7913 2/28/12Category/
Type

Candidate Name

Mr. James LangevinOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: RI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2012

Transaction ID : D125447

Amount of Each Disbursement this Period

-2000.00

VOID CK#7913 2/28/12

Full Name (Last, First, Middle Initial)

C. LONE STAR LEADERSHIP PAC

Mailing Address 104 Hume Ave

City
AlexandriaState
VAZip Code
22301-1015Purpose of Disbursement
Contributions to Federal PACs/Committees

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	09	/	2012

Transaction ID : D124087

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Maggie's List

Mailing Address 6675 Weeping Willow Way

City	State	Zip Code
Tallahassee	FL	32311

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Transaction ID : D126874

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City	State	Zip Code
BAKERSFIELD	CA	93389

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : D124886

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Making Business Excel PAC

Mailing Address PO Box 3241

City	State	Zip Code
Cheyenne	WY	82003

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Sen. Michael Enzi

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District: 00

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126668

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Manchin for West Virginia

Mailing Address 426 C Street, NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: WV

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126651

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. McGoff For Congress

Mailing Address PO Box 44003

City
IndianapolisState
INZip Code
46244Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type**Mr. John McGoff**

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: IN

District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126640

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. McKinley for Congress

Mailing Address P.O. Box 6861

City
WheelingState
WVZip Code
26003Purpose of Disbursement
Contributions for Federal CandidatesCategory/
Type

Candidate Name

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: WV

District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : D125157

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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

PAGE 101 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Trunacle for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Mailing Address P.O. Box 148

City	State	Zip Code
Beaumont	TX	77704

Transaction ID : D126642Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 14

Full Name (Last, First, Middle Initial)

B. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Mailing Address 320 1st St SE

City	State	Zip Code
Washington	DC	20003-1838

Transaction ID : D124887Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Annual contribution

State: District:

Full Name (Last, First, Middle Initial)

C. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

Transaction ID : D126410Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

15000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

32500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Pioneers PAC

Mailing Address 228 S. Washington Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : D126880

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City	State	Zip Code
SALT LAKE CITY	UT	84101

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126664

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Fortney Peter StarkOffice Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☒ Primary
☐ General
☐ Other (specify) ▼

State: CA District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	22	/	2012

Transaction ID : D125409

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Transaction ID : D126618Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Fortney Peter StarkCategory/
Type

2500.00

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District: 13

Full Name (Last, First, Middle Initial)

B. PORT PAC - Promoting our Republican Team PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Mailing Address 900 19th Street, NW
8th Floor

City	State	Zip Code
Washington	DC	20006

Transaction ID : D125158Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
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State: District: Annual contribution

Full Name (Last, First, Middle Initial)

C. PRESERVING AMERICA'S TRADITIONS (PATPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

Transaction ID : D126659Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
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State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address 815 King Street, Suite 311

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Ann Marie Buerkle

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NY District: 25

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : D125159

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : D125152

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126667

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILLY LONG FOR CONGRESS

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Billy LongCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126660

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 Avenue of The Cities Suite D

City East Moline	State IL	Zip Code 61244
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Bobby SchillingCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126665

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRIAN BILBRAY FOR CONGRESS

Mailing Address 991C Lomas Santa Fe Drive

City Solana Beach	State CA	Zip Code 92075
----------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Brian P. BilbrayCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 50

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126661

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. C.A. RuppensbergerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : D124892

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City	State	Zip Code
Allentown	PA	18105

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Charlie DentOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Transaction ID : D125407

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CLIFF STEARNS

Mailing Address PO BOX 308

City	State	Zip Code
SILVER SPRINGS	FL	34489

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Cliff StearnsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126654

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DAVE CAMP FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2012

Mailing Address 5915 Eastman Avenue
Number 304

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Dave CampCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID : D125162

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. SCHWEIKERT FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Mailing Address 8776 E SHEA BLVD, SUITE B3A-626

City SCOTTSDALE State AZ Zip Code 85260

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. David SchweikertCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 05

Transaction ID : D126879

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PERLMUTTER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Mailing Address 3440 Youngfield Street

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Ed PerlmutterCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 07

Transaction ID : D126671

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. COMMITTEE TO RE-ELECT ED TOWNS

Mailing Address 438 Lewis Avenue

City Brooklyn	State NY	Zip Code 11233
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Edolphus TownsCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 10

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126650

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City Long Branch	State NJ	Zip Code 07740
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Frank Pallone Jr.Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: NJ District: 06

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		07		2012

Transaction ID : D126411

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City St. Joseph	State MI	Zip Code 49085
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Fred UptonCategory/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 06

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126657

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

A. HEATH SHULER FOR CONGRESS

Date of Disbursement

Transaction ID : D125446

Amount of Each Disbursement this Period

Category/
Type

Rep. Heath Shuler

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

VOID CK#8028 2/28/12

B. JIM GERLACH FOR CONGRESS COMMITTEE

Date of Disbursement

Transaction ID : D125405

Amount of Each Disbursement this Period

Category/
Type

Rep. Jim Gerlach

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

C. JIM GERLACH FOR CONGRESS COMMITTEE

Date of Disbursement

03 / 07 / 2012

Transaction ID : D126421

011

Category/
Type

Rep. Jim Gerlach

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 06

SUBTOTAL of Disbursements This Page (optional).....

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

4000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City	State	Zip Code
SALT LAKE CITY	UT	84152

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jim MathesonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: UT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Transaction ID : D125401

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City	State	Zip Code
Vernon	CT	06066

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Joe CourtneyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126658

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road

City	State	Zip Code
West Chester	OH	45069

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. John A. BoehnerCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : D127010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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

PAGE 111 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LARSON FOR CONGRESSMailing Address 330 Main Street
430 South Capitol Street, SE

City Hartford State CT Zip Code 06106

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John B. LarsonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Transaction ID : D126409

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CULBERSON FOR CONGRESS

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John CulbersonOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126672

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. JOHN LEWIS FOR CONGRESS

Mailing Address PO Box 636

City Annandale State VA Zip Code 22003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : D127018

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Mailing Address PO Box 636

City	State	Zip Code
Annandale	VA	22003

Transaction ID : D124890Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. John LewisCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

5000.00

Full Name (Last, First, Middle Initial)

B. JOHN SULLIVAN FOR CONGRESS INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Mailing Address Post Office Box 470840

City	State	Zip Code
Tulsa	OK	74147

Transaction ID : D126875Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. John SullivanCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

1000.00

Full Name (Last, First, Middle Initial)

C. YARMUTH FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Mailing Address 1819 BROWNSBORO ROAD

City	State	Zip Code
LOUISVILLE	KY	40202

Transaction ID : D126663Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. John YarmuthCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 03

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa	State FL	Zip Code 33606
---------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Kathy CastorOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2012

Transaction ID : D126573

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street, Suite 101

City Fort Worth	State TX	Zip Code 76102
--------------------	-------------	-------------------

Purpose of Disbursement
VOID CK#8039 2/28/12

Candidate Name

Rep. Kay GrangerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2012

Transaction ID : D125448

Amount of Each Disbursement this Period

-1000.00

VOID CK#8039 2/28/12

Full Name (Last, First, Middle Initial)

C. KAY GRANGER CAMPAIGN FUND

Mailing Address 715 Jones Street, Suite 101

City Fort Worth	State TX	Zip Code 76102
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Kay GrangerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : D125156

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Kevin McCarthyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 22

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : D127011

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. COMMITTEE TO RE-ELECT LINDA SANCHEZ

Mailing Address 1212 S. Victory Blvd

City	State	Zip Code
BURBANK	CA	91502

Purpose of Disbursement
Contributions fo Federal Candidates

Candidate Name

Rep. Linda T. SanchezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : D127019

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730

City	State	Zip Code
Honeoye	NY	14471

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Louise M. SlaughterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 28

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : D126873

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City Lewiston	State ME	Zip Code 04240
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Michael H. Michaud

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: ME District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2012

Transaction ID : D125153

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City Sacramento	State CA	Zip Code 95841
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Mike Thompson

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: CA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2012

Transaction ID : D126425

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MO BROOKS FOR CONGRESS

Mailing Address 7610 FOXFIRE DRIVE

City HUNTSVILLE	State AL	Zip Code 35802
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Mo Brooks

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: AL District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		08		2012

Transaction ID : D125161

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIBERI FOR CONGRESS

Mailing Address 2931 E Dublin Granville Road

City Columbus	State OH	Zip Code 43231
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Pat TiberiCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	21	/	2012

Transaction ID : D126877

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 823047

City Dallas	State TX	Zip Code 75382
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Pete SessionsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2012

Transaction ID : D125154

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. RIBBLE FOR CONGRESS

Mailing Address PO BOX 7200

City APPLETON	State WI	Zip Code 54912
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Reid RibbleCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126666

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CITIZENS TO ELECT RICK LARSEN

Mailing Address PO Box 326

City Everett	State WA	Zip Code 98206
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Rick LarsenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126656

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. STEVE ISRAEL FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 777

City DEER PARK	State NY	Zip Code 11729
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Steve IsraelCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Transaction ID : D126662

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville	State NY	Zip Code 11738
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Timothy H. BishopCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2012

Transaction ID : D127013

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

PAGE 118 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LATHAM FOR CONGRESS

Mailing Address 217 3rd St SE

City
WashingtonState
DCZip Code
20003-1904Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tom LathamCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2012

Transaction ID : D125160

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Vern BuchananCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : D127020

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. THE BILL KEATING COMMITTEE

Mailing Address P.O. BOX 690353

City
QUINCYState
MAZip Code
2269Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. William KeatingCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		22		2012

Transaction ID : D125403

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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

PAGE 119 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Republican Main Street Partnership PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Mailing Address 1220 L Street, NW
Suite 100-263

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID : D124884

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Rob Garagiola for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Mailing Address P.O. Box 833

City Frederick State MD Zip Code 21705

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Transaction ID : D124885

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rob Garagiola for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Mailing Address P.O. Box 833

City Frederick State MD Zip Code 21705

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 06

Transaction ID : D126882

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address PO Box 581

City Brighton	State MI	Zip Code 48116
------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Michael J. Rogers

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MI District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2012

Transaction ID : D127014

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TOM ROONEY FOR CONGRESS

Mailing Address 2336 S. East Ocean Blvd. #313

City Stuart	State FL	Zip Code 34996
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2012

Transaction ID : D126419

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton	State IL	Zip Code 60187
-----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Peter Roskam

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: IL District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2012

Transaction ID : D127017

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandy Adams for Congress

Mailing Address P. O. Box 1566

City
OrlandoState
FLZip Code
32802Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Sandy AdamsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		22		2012

Transaction ID : D125408

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City
PeoriaState
ILZip Code
61612Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Aaron SchockCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		28		2012

Transaction ID : D127015

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILL NELSON FOR U S SENATE

Mailing Address 972 W WHITMIRE DRIVE

City
MELBOURNEState
FLZip Code
32935Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Bill NelsonCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		07		2012

Transaction ID : D126408

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9000.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOB CASEY FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		21		2012

Mailing Address 303 Massachusetts Ave., NE
1st Floor

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Bob CaseyCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Transaction ID : D126881

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FEINSTEIN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		29		2012

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Dianne FeinsteinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID : D127048

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. FEINSTEIN FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Mailing Address 426 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Dianne FeinsteinCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 00

Transaction ID : D124891

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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

PAGE 123 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER	State WY	Zip Code 82605
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. John BarrassoCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WY	District: 00

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		08		2012

Transaction ID : D125155

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MONTANANS FOR TESTER

Mailing Address PO BOX 1135

City HELENA	State MT	Zip Code 59624
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Jon TesterCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: MT	District: 00

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		28		2012

Transaction ID : D127016

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PEOPLE FOR PATTY MURRAY

Mailing Address PO BOX 3662

City SEATTLE	State WA	Zip Code 98124
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Patty MurrayCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: WA	District: 00

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126649

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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

PAGE 124 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TIM JOHNSON FOR SOUTH DAKOTA INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2012

Mailing Address PO BOX 1536

City	State	Zip Code
SIOUX FALLS	SD	57101

Transaction ID : D126643Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Sen. Tim JohnsonCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SD District: 00

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2012

Mailing Address PO Box 10429

City	State	Zip Code
Pittsburgh	PA	15234-0429

Transaction ID : D126422Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Tim F. MurphyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 18

1500.00

Full Name (Last, First, Middle Initial)

C. Tim Murphy For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	25	/	2012

Mailing Address PO Box 10429

City	State	Zip Code
Pittsburgh	PA	15234-0429

Transaction ID : D124895Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Tim F. MurphyCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 18

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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

PAGE 125 OF 129

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tisei Congressional Committee

Mailing Address 932 Lynnfield St

City Lynnfield	State MA	Zip Code 01940-1579
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: LA	District: 06

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2012

Transaction ID : D126638

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TRUST PAC

Mailing Address 104 Hume Avenue

City Alexandria	State VA	Zip Code 22301
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Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Rep. Fred Upton

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MI	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : D124900

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Tuesday Group PAC

Mailing Address PO Box 11586

City Washington	State DC	Zip Code 20008
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Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		25		2012

Transaction ID : D124899

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

--

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

A. VIEW PAC

Date of Disbursement

Transaction ID : D125149

011

Category/
Type

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual contribution

Amount of Each Disbursement this Period

B.

Date of Disbursement

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

C.

Date of Disbursement

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Category/
Type

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1000.00

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

282000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

A. Dr. Heather M Studley

Mailing Address

City	State	Zip Code
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Purpose of Disbursement
REFUND

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D127005

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

100.00

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

100.00

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

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees Mar 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2012

Transaction ID : D127309

Amount of Each Disbursement this Period

618.76

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees Feb 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : D126685

Amount of Each Disbursement this Period

408.56

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees Jan 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2012

Transaction ID : D125578

Amount of Each Disbursement this Period

2994.31

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4021.63

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

National Emergency Medicine Political Action Committee

A. US Treasury

The image shows three 3x3 grids, each representing a number using the letters M, D, and Y. The first grid shows '03' with 'M' in the top-left and top-right positions, and 'D' in the middle-left and middle-right positions. The second grid shows '06' with 'D' in the top-left and top-right positions, and 'Y' in the middle-left and middle-right positions. The third grid shows '2012' with 'Y' in the top-left, top-right, middle-left, and middle-right positions, and 'D' in the bottom-left and bottom-right positions.

Category/
Type

130.00

State: District:

B.

Category/
Type

State: District:

C.

Category/
Type

State: District:

130.00

4151.63