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FEC MAIL CENTER

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street) 555 East Wells Street, Suite 1100 Milwaukee WI 53202 3823

2. FEC IDENTIFICATION NUMBER C00324780 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2010 through 11 22 2010

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 Dr. William R. Little, MD

Signature of Treasurer X [Signature] Date 11 23 2010

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

10030502197

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	W	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

**COLUMN A  
This Period**

**COLUMN B  
Calendar Year-to-Date**

6. (a) Cash on Hand January 1	<table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0	<table border="1"><tr><td>19</td><td>6</td><td>2</td><td>2</td><td>.</td><td>7</td><td>1</td></tr></table>	19	6	2	2	.	7	1			
Y	Y	Y	Y																	
2	0	1	0																	
19	6	2	2	.	7	1														
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1"><tr><td>2</td><td>0</td><td>2</td><td>0</td><td>4</td><td>7</td><td>.</td><td>3</td><td>6</td></tr></table>	2	0	2	0	4	7	.	3	6										
2	0	2	0	4	7	.	3	6												
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>7</td><td>0</td><td>9</td><td>2</td><td>.</td><td>7</td><td>8</td></tr></table>	7	0	9	2	.	7	8	<table border="1"><tr><td>2</td><td>5</td><td>1</td><td>4</td><td>8</td><td>.</td><td>4</td><td>3</td></tr></table>	2	5	1	4	8	.	4	3			
7	0	9	2	.	7	8														
2	5	1	4	8	.	4	3													
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1"><tr><td>2</td><td>0</td><td>9</td><td>1</td><td>4</td><td>0</td><td>.</td><td>1</td><td>4</td></tr></table>	2	0	9	1	4	0	.	1	4	<table border="1"><tr><td>2</td><td>1</td><td>9</td><td>7</td><td>7</td><td>1</td><td>.</td><td>1</td><td>4</td></tr></table>	2	1	9	7	7	1	.	1	4
2	0	9	1	4	0	.	1	4												
2	1	9	7	7	1	.	1	4												
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0	<table border="1"><tr><td>1</td><td>0</td><td>6</td><td>3</td><td>1</td><td>.</td><td>0</td><td>0</td></tr></table>	1	0	6	3	1	.	0	0						
0	.	0	0																	
1	0	6	3	1	.	0	0													
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>2</td><td>0</td><td>9</td><td>1</td><td>4</td><td>0</td><td>.</td><td>1</td><td>4</td></tr></table>	2	0	9	1	4	0	.	1	4	<table border="1"><tr><td>2</td><td>0</td><td>9</td><td>1</td><td>4</td><td>0</td><td>.</td><td>1</td><td>4</td></tr></table>	2	0	9	1	4	0	.	1	4
2	0	9	1	4	0	.	1	4												
2	0	9	1	4	0	.	1	4												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0															
0	.	0	0																	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0</td><td>.</td><td>0</td><td>0</td></tr></table>	0	.	0	0															
0	.	0	0																	

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

10030502198

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	W	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

10030502199

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) .....	1600.00	3850.00
(ii) Unitemized .....	5320.00	17496.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	6920.00	21346.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) .....	6920.00	21346.00
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	3000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	172.78	802.43
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 Transfer (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)) .....	7092.78	25148.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7092.78	25148.43

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

10030502200

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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	231.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	231.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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.....	0.00	0.00
(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)).....	0.00	0.00
29. Other Disbursements.....	0.00	10400.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	0.00	10631.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	0.00	10631.00

**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) .....	6920.00	21346.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6920.00	21346.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	231.00
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	231.00

10030502201

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

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

FOR LINE NUMBER: PAGE 6 / 8

(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)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Full Name (Last, First, Middle Initial) <b>A. Stephen H Andersen</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2010	
Mailing Address 12202 E. Gary Road		Transaction ID: SA11A1.4389	
City State Zip Code Scottsdale AZ 85259	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C	Individual Contributions over \$200		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 200.00		

Full Name (Last, First, Middle Initial) <b>B. Dr. David N. Dubois</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2010	
Mailing Address PO Box 2368		Transaction ID: SA11A1.4391	
City State Zip Code Columbia MD 21045-2368	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Individual Contributions over \$200		
Name of Employer Occupation Rotorua, NZ Hospital	Aggregate Year-to-Date 700.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) <b>C. Gregory J Lopez</b>		Date of Receipt MM / DD / YYYY 11 / 22 / 2010	
Mailing Address 3514 N Paulina St		Transaction ID: SA11A1.4392	
City State Zip Code Chicago IL 60657	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Individual Contributions over \$200		
Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date 250.00		

SUBTOTAL of Receipts This Page (optional) .....	950.00
TOTAL This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 7 / 8

(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)

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Phyllis A Vallee</p> <p>Mailing Address 654 Westchester Road</p> <p>City State Zip Code Grosse Pointe Park MI 48230</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)▼</p> <p>Aggregate Year-to-Date▼  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>  <span style="border: 1px solid black; padding: 2px;">11 / 22 / 2010</span></p> <p>Transaction ID: SA11A1.4394</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p>Individual Contributions over \$200</p>	
<p><b>B.</b> Full Name (Last, First, Middle Initial) Matthew J Vreeland</p> <p>Mailing Address PO Box 1150</p> <p>City State Zip Code West End NC 27376</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)▼</p> <p>Aggregate Year-to-Date▼  <span style="border: 1px solid black; padding: 2px;">200.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>  <span style="border: 1px solid black; padding: 2px;">11 / 22 / 2010</span></p> <p>Transaction ID: SA11A1.4398</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">200.00</span></p> <p>Individual Contributions over \$200</p>	
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dr. William Bruce Watson</p> <p>Mailing Address 107 E. Burke Avenue</p> <p>City State Zip Code Towson MD 21286</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Doctor</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify)▼</p> <p>Aggregate Year-to-Date▼  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>  <span style="border: 1px solid black; padding: 2px;">11 / 22 / 2010</span></p> <p>Transaction ID: SA11A1.4401</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p> <p>Individual Contributions over \$200</p>	
<p><b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶</p>		<p><span style="border: 1px solid black; padding: 2px;">650.00</span></p>
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶</p>		<p><span style="border: 1px solid black; padding: 2px;">1600.00</span></p>

10030502203

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 8	
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input checked="" 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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>Capital One Direct Bank</b>		Date of Receipt MM / DD / YYYY <b>11 / 22 / 2010</b>
Mailing Address <b>PO Box 4197</b>		Transaction ID: <b>SA17.4403</b>
City <b>Houston</b>	State <b>TX</b>	Zip Code <b>77210-4197</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>172.49</b>
Name of Employer	Occupation	Interest from account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ <b>372.61</b>	

Full Name (Last, First, Middle Initial) <b>M &amp; I Marshall &amp; Ilsley Bank</b>		Date of Receipt MM / DD / YYYY <b>11 / 22 / 2010</b>
Mailing Address <b>112 E. Capitol Drive P.O. Box 137</b>		Transaction ID: <b>SA17.4404</b>
City <b>Hartland</b>	State <b>WI</b>	Zip Code <b>53029</b>
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <b>0.29</b>
Name of Employer	Occupation	Interest Earned on Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)▼	Aggregate Year-to-Date▼ <b>429.82</b>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>172.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>172.78</b>

10030502204

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

10030502205

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>FedEx</i>	Shipping Date <i>11/29/10</i>
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>Jim D</i> PREPARER (3/2005)	<i>12/1/10</i> DATE PREPARED