

**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

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

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
Quarterly 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)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

1 1

0 2

2 0 1 0

in the
State of

TX

(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

1 0

0 1

2 0 1 0

through

1 0

1 3

2 0 1 0

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

Electronically Filed by Phyllis Edans, CPA, CAE

Date

0 3

0 7

2 0 1 1

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)

2 / 63

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

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	2010	815920.52
(b) Cash on Hand at Beginning of Reporting Period	777135.40	
(c) Total Receipts (from Line 19)	95295.50	823590.67
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	872430.90	1639511.19
7. Total Disbursements (from Line 31)	194500.00	961580.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	677930.90	677930.90
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)

3 / 63

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

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)	87143.00	1091794.45
(ii) Unitemized	8152.50	750932.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)	95295.50	818036.30
(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)	95295.50	818036.30
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	4800.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	754.37
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))	95295.50	823590.67
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	95295.50	823590.67

DETAILED SUMMARY PAGE

of Disbursements

4 / 63

FEC Form 3X (Rev. 02/2003)

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	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.....	154500.00	915000.00	
24. Independent Expenditure (use Schedule E)	40000.00	40000.00	
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	6580.29	
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))..	194500.00	961580.29	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	194500.00	961580.29	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 63

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)	95295.50	818036.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	95295.50	818036.30
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: PAGE 6 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Lance Frederick Allgower

Mailing Address 513 Dragon Gate Ct

City

Henderson

State

NV

Zip Code

89012-7279

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPMG St Rose Dominican Ho-
sp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131738

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Leigh Anderson Anderson Barrow

Mailing Address 2131 E 25th St

City

Tulsa

State

OK

Zip Code

74114-2913

FEC ID number of contributing
federal political committee.

C

Name of Employer
emergency medicine physic-
ians

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131574

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Benjamin D Armstrong, MD

Mailing Address 12 Naomi Ln

City

East Lyme

State

CT

Zip Code

06333-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cooper Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131576

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 7 / 63

(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

A.

Full Name (Last, First, Middle Initial)

James Jerome Augustine

Mailing Address 715 Yankee Trace Dr

City

Dayton

State

OH

Zip Code

45458-3999

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd - Dir Clinical Op-
ert

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130725

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Neal Finley Aulick, II

Mailing Address 11 Aaronwoods Ct

City

Wheeling

State

WV

Zip Code

26003-9358

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Ohio Co PLLC

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131699

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dominic Joseph Bagnoli, Jr

Mailing Address 50 East Dr

City

Hartville

State

OH

Zip Code

44632-8890

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Phys Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C1131737

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

6000.00

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 8 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Mark Baker

Mailing Address 34 Puukani Pl

City

Kailua

State

HI

Zip Code

96734-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pali Momi Med Ctr

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131698

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Joseph Betro

Mailing Address 41718 Chesterfield Ct

City

Novi

State

MI

Zip Code

48375-4787

FEC ID number of contributing
federal political committee.

C

Name of Employer
ER one

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131549

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

William A Biggers, Jr

Mailing Address 2321 Crestview dr

City

New Bern

State

NC

Zip Code

28562-9059

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Pasquotank

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130726

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 9 / 63

(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

A.

Full Name (Last, First, Middle Initial)

James Bonz

Mailing Address 109 Dunk Rock Rd

City

Guilford

State

CT

Zip Code

06437-2508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Yale New Haven 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130963

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

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

Transaction ID: C1130680

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John C Braaten

Mailing Address 164 Jordan Blvd

City

Delmar

State

NY

Zip Code

12054-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C1131696

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

1350.00

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 10 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Jennifer H Bradstreet

Mailing Address 106 E Olive Ct

City

Atlantic Bch

State

NC

Zip Code

28512-6529

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130960

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Wallace Monroe Broadbent

Mailing Address 9887 Q Ave

City

Mattawan

State

MI

Zip Code

49071-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Emer Assoc

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
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1132505

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Robert I I Broida

Mailing Address PO Box 5404

City

Akron

State

OH

Zip Code

44334-0404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert I Broida

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131736

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

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

FOR LINE NUMBER: PAGE 11 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Vanessa M Brown

Mailing Address 59 Cady St

City

Stamford

State

CT

Zip Code

06907-2404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stamford Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C1130727

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Craig A Bryant

Mailing Address PO Box 3144

City

Groton

State

CT

Zip Code

06340-8201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence and Meml 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131695

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jorge L Cambo

Mailing Address 1143 Raintree Pl

City

Winter Park

State

FL

Zip Code

32789-2563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.33

Date of Receipt

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

Transaction ID: C1132507

Amount of Each Receipt this Period

8.00

SUBTOTAL of Receipts This Page (optional)

1258.00

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 12 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Timothy John Carr

Mailing Address 4304 Gray Heron Dr

City

N Myrtle Bch

State

SC

Zip Code

29582-9524

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy John Carr

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131694

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunders town

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 ▼

1100.00

Date of Receipt

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

Transaction ID: C1130730

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Orion J Colfer

Mailing Address 2523 Hanover Ave

City

Richmond

State

VA

Zip Code

23220-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130954

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 13 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Christopher Corbit

Mailing Address 1075 Mornington Cir

City

Uniontown

State

OH

Zip Code

44685-6244

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen Med Ctr Dept of
EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131693

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Kevin Corrigan

Mailing Address 160 Castaway Trl

City

Mooreville

State

NC

Zip Code

28117-9675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1130947

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Timothy Corvino, MD

Mailing Address Gaston Mem Hosp
Dept of EM 2525 Ct Dr

City

Gastonia

State

NC

Zip Code

28054

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaston Mem Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131734

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 14 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Stephen R Dannewitz

Mailing Address PO Box 373169

City

Key Largo

State

FL

Zip Code

33037-8169

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen R Dannewitz

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131692

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jesse Mark DiRando

Mailing Address 33531 Royal St George Dr

City

Avon

State

OH

Zip Code

44011-3746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Physicians

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130919

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joseph Mark Dougherty

Mailing Address 12 Beechwood Dr

City

Wheeling

State

WV

Zip Code

26003-6608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C1130907

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

2750.00

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 15 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Carolyn Stacy Dutton

Mailing Address 837 Park Slope Dr

City

Charlotte

State

NC

Zip Code

28209-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Carolyn Stacy Dutton

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131691

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.01

Date of Receipt

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

Transaction ID: C1130903

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert J Faflik

Mailing Address 5497 Governors Ave NW

City

Canton

State

OH

Zip Code

44718-1455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131684

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 16 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Robert R Farquharson

Mailing Address 6707 Wakehurst Rd

City

Charlotte

State

NC

Zip Code

28226-5565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131727

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bernard Joseph Ferguson, IV

Mailing Address 81 Pearl St

City

Groton

State

CT

Zip Code

06340-5762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence & Mem 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131682

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Russell J Firman

Mailing Address 112 Woodberry Ln

City

Fayetteville

State

NY

Zip Code

13066-1746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cortland Regl Med Ctr

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131723

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 17 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Gary P Foley

Mailing Address 1119 Denney Dr

City

Duluth

State

MN

Zip Code

55805-1539

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMDC ED

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130679

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William R Fraser

Mailing Address 390 Delaneys Cir

City

Powell

State

OH

Zip Code

43065-7543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130900

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Anita Marie Gage

Mailing Address 2174 N Hametown Rd

City

Akron

State

OH

Zip Code

44333-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131681

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 18 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Michael David Garfinkel

Mailing Address 1677 Beechwood Blvd

City

Pittsburgh

State

PA

Zip Code

15217-1433

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Allegheny Co

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130896

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Heather R Godale

Mailing Address 447 Malvern Rd

City

Akron

State

OH

Zip Code

44303-1737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Massillon Comm Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131643

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Carl Goodman

Mailing Address 5 Heidi Ln

City

Mount Sinai

State

NY

Zip Code

11766-1428

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookhaven Mem 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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130731

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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 19 / 63

(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

A.

Full Name (Last, First, Middle Initial)

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 ▼

1100.00

Date of Receipt

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

Transaction ID: C1131642

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Alexander Grinshpun

Mailing Address 28 Holloway Ln

City

Averill Park

State

NY

Zip Code

12018-9675

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr Alexander Grinshpun

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
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1131755

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Maya R Heinert

Mailing Address 1532 37th St

City

Sacramento

State

CA

Zip Code

95816-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131605

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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 20 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Terry Glenn Hensley

Mailing Address 3116 Rolston Rd

City

Greenville

State

NC

Zip Code

27858-6255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Craven County PLLC

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
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131604

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Keia Hewitt

Mailing Address 3321 Luke Crossing Dr

City

Charlotte

State

NC

Zip Code

28226-3359

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMC Union Hosp

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
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130732

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Edwin M Hinton, IV

Mailing Address 19748 Catherine Ln

City

Tinley Park

State

IL

Zip Code

60487-4433

FEC ID number of contributing
federal political committee.

C

Name of Employer
St James Olympia Fields

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
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131732

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 21 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Lisa Dianne Hrutkay

Mailing Address 1464 Stoolfire Rd

City

Valley Grove

State

WV

Zip Code

26060-7934

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMSTAR OVMC

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130894

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bogdan M Irimies

Mailing Address 640 Penn St

City

Charlotte

State

NC

Zip Code

28203-4154

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131601

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Richard Lee Jablow

Mailing Address 60 Palisade Ter

City

Glastonbury

State

CT

Zip Code

06033-3144

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
1 0 / 1 3 / 2 0 1 0

Transaction ID: C1131751

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1500.00

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 22 / 63

(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

A.

Full Name (Last, First, Middle Initial)

John Janikas

Mailing Address 43 Outlook Dr S

City

Mechanicville

State

NY

Zip Code

12118-3642

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131598

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bruce G Jones

Mailing Address 465 Woodard Pl

City

Powell

State

OH

Zip Code

43065-7448

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130891

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brian M Kelley

Mailing Address 1528 Mount Isle Harbor Dr

City

Charlotte

State

NC

Zip Code

28214-5402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaston Memorial 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131595

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2000.00

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 23 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Jayne M Kendall

Mailing Address 1016 Tomshire Dr

City

Gastonia

State

NC

Zip Code

28056-2204

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Gaston County

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131730

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Haig Kezirian

Mailing Address 2124 W Rue St Michel

City

Fresno

State

CA

Zip Code

93711-1260

FEC ID number of contributing
federal political committee.

C

Name of Employer
Childrens Hosp Central CA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131721

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tara L Kiger

Mailing Address 1004 Crabtree Cir

City

New Bern

State

NC

Zip Code

28562-8338

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tara L Kiger, MD

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130887

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 24 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Kevin Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131719

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stanley E Koontz

Mailing Address 1174 Cool Springs Rd

City

Ernul

State

NC

Zip Code

28527-9413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Craven Regl 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
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131593

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Ronald E Kurzejka

Mailing Address 2483 Potters Turn

City

Kankakee

State

IL

Zip Code

60901-7392

FEC ID number of contributing
federal political committee.

C

Name of Employer
Provena St Marys Trauma
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1130885

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 25 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Norman Label

Mailing Address PO Box 846

City

Nevada City

State

CA

Zip Code

95959-0846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131591

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peter R Later

Mailing Address 64 Windward Way

City

Waterford

State

CT

Zip Code

06385-3216

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Peter R Later

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130884

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Donald Lombino

Mailing Address 111A Connecticut Ave

City

Greenwich

State

CT

Zip Code

06830-5710

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Stamford Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1130729

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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 26 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Ricardo Machado

Mailing Address 886 Polaris Crossing Blvd

City

Westerville

State

OH

Zip Code

43081-8974

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
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130709

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Merci G Madar

Mailing Address 501 Leeward Ln

City

Enola

State

PA

Zip Code

17025-1348

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Merci G Madar

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
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130681

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kevin D Markowski

Mailing Address 572 White Tail Ridge Dr

City

Fairlawn

State

OH

Zip Code

44333-3288

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg 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
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130728

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 27 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Katherine Mayer

Mailing Address 234 Magnolia Ave

City

Charlotte

State

NC

Zip Code

28203-5638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medicine Physic-
ians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

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

Transaction ID: C1131753

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John McCourt

Mailing Address 9436 Steeplehill Dr

City

Las Vegas

State

NV

Zip Code

89117-7270

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPMG

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131590

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Edward McCutcheon

Mailing Address 1241 Princeton Ave

City

Charlotte

State

NC

Zip Code

28209-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMA

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130881

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 28 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Stephen W Meldon

Mailing Address 2918 Bunnell Ct

City

Cleveland

State

OH

Zip Code

44113-3039

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medicine Physic-
ians

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
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130711

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Tressa Naik

Mailing Address 17 Summit Walk Trl

City

Henderson

State

NV

Zip Code

89052-6696

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Rose Dominican

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
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131718

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jonathan C Neuman

Mailing Address 1104 Berwick Ct

City

Waxhaw

State

NC

Zip Code

28173-6547

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
1	0	/	0	7	/	2	0	1	0

Transaction ID: C1131716

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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 29 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Elliot S Nipomnick

Mailing Address 509 Woodland Rd

City

Kentfield

State

CA

Zip Code

94904-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chinese 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131715

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey G Norvell

Mailing Address 5345 Norwood St

City

Fairway

State

KS

Zip Code

66205-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Kansas Hosp-
ital

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
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1103367

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Susan A O'Malley

Mailing Address 6 Prospect Dr

City

Brentwood

State

NY

Zip Code

11717-2352

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brookhaven Mem Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131589

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1750.00

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 30 / 63

(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

A.

Full Name (Last, First, Middle Initial)

David Ryan Obert

Mailing Address 862 Rainbolt Ln

City

Henderson

State

NV

Zip Code

89052-0445

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Med Ctr

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130879

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William P Olivieri

Mailing Address 1 Musky Ridge Dr

City

Hackettstown

State

NJ

Zip Code

07840-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackettstown Cmnty Hosp

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1126323

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Michael B Osmundson

Mailing Address 6123 Oakbridge Dr

City

Granite Bay

State

CA

Zip Code

95746-9687

FEC ID number of contributing
federal political committee.

C

Name of Employer
GEPS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131713

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2025.00

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 31 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Gregory L Oswald

Mailing Address 5829 Sylmar Dr

City

Broadview Hts

State

OH

Zip Code

44147-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gregory L Oswald, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C1130877

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

David C Packo

Mailing Address 4535 Dressler Rd NW
Emer Med Phys

City

Canton

State

OH

Zip Code

44718-2545

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
1	0	/	0	1	/	2	0	1	0

Transaction ID: C1130712

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Lawrence Neil Payne

Mailing Address 9929 S 85th E Ave

City

Tulsa

State

OK

Zip Code

74133

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1130876

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2700.00

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 32 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Daniel L Pendleton

Mailing Address 95 Blaven Dr

City

Henderson

State

NV

Zip Code

89002-0515

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPMG

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130875

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John Perrin

Mailing Address 250 Hosp Dr
Lexington Meml Hosp

City

Lexington

State

NC

Zip Code

27292

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Univ Schl of Med

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131709

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Shawn L Posin

Mailing Address 13 Lynwood Ave

City

Wheeling

State

WV

Zip Code

26003-5948

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Shawn L Posin

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130714

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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

FOR LINE NUMBER: PAGE 33 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Carol H Roeder

Mailing Address 10 Fernbank Ave

City

Delmar

State

NY

Zip Code

12054-4003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1130870

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Marilyn J Rogers

Mailing Address 105 Riverpoint Rd

City

Signal Mtn

State

TN

Zip Code

37377-2237

FEC ID number of contributing
federal political committee.

C

Name of Employer
Erlanger North Hosp ED

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
1 0 / 0 5 / 2 0 1 0

Transaction ID: C1131742

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

B Joshua Rubin

Mailing Address 3300 Douglas Blvd
EMP

City

Roseville

State

CA

Zip Code

95661-3841

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131588

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

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

FOR LINE NUMBER: PAGE 34 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Steven P Rudis

Mailing Address 9796 Diversified Ln

City

Ellicott City

State

MD

Zip Code

21042-1792

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130869

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Lawrence J Satkowiak

Mailing Address 2807 W Decatur Ave

City

Fresno

State

CA

Zip Code

93711-0356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence J Satkowiak , MD

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131586

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steven J Schorer

Mailing Address 9215 Stollwood Ct

City

Granite Bay

State

CA

Zip Code

95746-6753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy San Juan Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131584

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

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

FOR LINE NUMBER: PAGE 35 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Chet D Schrader

Mailing Address 3249 Forestbrook Dr

City

Richardson

State

TX

Zip Code

75082-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer
WA Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

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

Transaction ID: C1104869

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

David W Schroeder

Mailing Address 5965 Greenbriar Rd

City

Franklin

State

TN

Zip Code

37064-9280

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David W Schroeder

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131706

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sydney E Shrader

Mailing Address 259 State St

City

Albany

State

NY

Zip Code

12210-2101

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hosp

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130867

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2050.00

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

FOR LINE NUMBER: PAGE 36 / 63

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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

A.

Full Name (Last, First, Middle Initial)

Suzy Schneider Shukovsky

Mailing Address 41 Old Hwy

City

Wilton

State

CT

Zip Code

06897-3114

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Fairfield LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1130865

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Rhett Silver

Mailing Address 1 E Delaware PI

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1131583

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Mark Slabinski

Mailing Address 4535 Dressler Rd NW

City

Canton

State

OH

Zip Code

44718-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark Slabinski

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130718

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Gregory M Smith

Mailing Address 10222 Questa Ct

City

Wadsworth

State

OH

Zip Code

44281-8864

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130716

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Trent W Smith

Mailing Address 9393 E Palo Brea Bnd

City

Scottsdale

State

AZ

Zip Code

85255-6508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alle-Kiski 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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130719

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel Snediker

Mailing Address 563 Ocean Ave

City

New London

State

CT

Zip Code

06320-4534

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of New London

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131705

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

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

FOR LINE NUMBER: PAGE 38 / 63

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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

A.

Full Name (Last, First, Middle Initial)

Joshua Stillman

Mailing Address 275 W 96th St

City

New York

State

NY

Zip Code

10025-6263

FEC ID number of contributing
federal political committee.

C

Name of Employer
NY Presbyterian 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
1 0 / 1 1 / 2 0 1 0

Transaction ID: C1126288

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard Clark Stuntz, Jr

Mailing Address 4 Courageous St

City

Clover

State

SC

Zip Code

29710-9281

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C1131582

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark J J Tamsen

Mailing Address Emergency Care Dynamics
PO Box 370630

City

San Diego

State

CA

Zip Code

92137-0630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Care Dynamics

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1126280

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 63

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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

A.

Full Name (Last, First, Middle Initial)

Jerry Albert Taylor

Mailing Address 761 Stonebridge Dr

City

Irwin

State

PA

Zip Code

15642-1934

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131581

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Donovan Thompson

Mailing Address 4408 Lake Shore Rd N

City

Denver

State

NC

Zip Code

28037-9198

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1131580

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Melinda S Threlkeld

Mailing Address 3208 Selwyn Farms Ln

City

Charlotte

State

NC

Zip Code

28209-4056

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaston Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: C1130720

Amount of Each Receipt this Period

260.00

SUBTOTAL of Receipts This Page (optional)

2260.00

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

FOR LINE NUMBER: PAGE 40 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Wendy Joy Toole

Mailing Address 1 Crooked Bow Path

City

Mattapoisett

State

MA

Zip Code

02739-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jordan 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130859

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Cynthia Jeanne Tucker

Mailing Address 7 Warwick Ter

City

Waterford

State

CT

Zip Code

06385-4121

FEC ID number of contributing
federal political committee.

C

Name of Employer
St John Hosp & 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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131579

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John R Tucker

Mailing Address 12440 Alta Mesa Dr

City

Auburn

State

CA

Zip Code

95603-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Med Grp Inc

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131702

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1250.00

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 41 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Travis Ulmer

Mailing Address 1228 Pennsylvania Ave

City

Columbus

State

OH

Zip Code

43201-3125

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gaston Meml

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1130857

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Bruce S Ushkow

Mailing Address 24 Fieldstone Dr

City

Delmar

State

NY

Zip Code

12054-6704

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan 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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130722

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Duane Utkewicz

Mailing Address 41 Hansom Rd

City

Basking Ridge

State

NJ

Zip Code

07920-2974

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 6 / 2 0 1 0

Transaction ID: C1126304

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1350.00

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 42 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Bradley Alan Watling

Mailing Address 109 Viewpoint Ln

City

Mooreville

State

NC

Zip Code

28117-7558

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMA

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131578

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Wirtz

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850-1483

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130723

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

David O Wright

Mailing Address 1 Old Spring Rd

City

Barboursville

State

WV

Zip Code

25504-2101

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
1 0 / 0 1 / 2 0 1 0

Transaction ID: C1130724

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

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 43 / 63

(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

A.

Full Name (Last, First, Middle Initial)

Howard M Yang

Mailing Address 7031 Casa Encantada St

City

Las Vegas

State

NV

Zip Code

89118-0564

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Rose Dominican Hosps

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131700

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Christian F Young

Mailing Address 2509 Via De Pallon Cir

City

Henderson

State

NV

Zip Code

89074-5927

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Med Ctr

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
1 0 / 0 7 / 2 0 1 0

Transaction ID: C1131577

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

87143.00

**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 44 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Austin Scott for Congress

Mailing Address PO Box 27750

City
MaconState
GAZip Code
31221Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 08

Transaction ID: D106214

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Bass Victory Committee

Mailing Address PO Box 3451

City
ConcordState
NHZip Code
03302Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Charles F. Bass011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D106192

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Bera for Congress

Mailing Address PO Box 582496

City
Elk GroveState
CAZip Code
95758Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: D106197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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)

PAGE 45 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Bill Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd
Suite 1001

City Baton Rouge State LA Zip Code 70809-2256

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Bill Cassidy

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D106175

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

3000.00

B.

Full Name (Last, First, Middle Initial)

Cantor For Congress

Mailing Address P. O. Box 17813

City Richmond State VA Zip Code 23226

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Eric I. Cantor

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 07

Transaction ID: D107797

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Chad Causey for Congress

Mailing Address 236 Mass Ave., NE
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Chad Causey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 01

Transaction ID: D106179

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

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)

PAGE 46 / 63

<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

A. Full Name (Last, First, Middle Initial)
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Mr. Charles Boustany

Office Sought: ☒ House
☐ Senate
☐ President

State: LA District: 07

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D106176

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
Chris Coons for Delaware

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714-5000

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

State: DE District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D106203

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Duncan for Congress

Mailing Address PO Box 732

City Clinton State SC Zip Code 29325

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: SC District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D106196

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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)

PAGE 47 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Freedom PAC

Mailing Address PO Box 2458

City
Springfield

State
VA

Zip Code
22152

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D106221

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City
Rockledge

State
FL

Zip Code
32955

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Mr. Bill Posey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D107791

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Friends of Stephene Moore

Mailing Address PO Box 75214

City
Washington

State
DC

Zip Code
20013-0214

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KS District: 03

Transaction ID: D106191

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6500.00

TOTAL This Period (last page this line number only)

**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 48 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City State Zip Code
Bowie MD 20716Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Steny H. Hoyer011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: D106220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Hultgren for Congress

Mailing Address 1118 East Main Street

City State Zip Code
Saint Charles IL 60174Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Randy Hultgren011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 14

Transaction ID: D106198

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

John S Fund

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
John Shimkus011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District: Annual contribution

Transaction ID: D106729

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**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 49 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Kurt Schrader For Congress

Mailing Address 205 N Main St.

City
Oregon CityState
ORZip Code
97045Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Mr. Kurt Schrader011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 05

Transaction ID: D106215

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

LANCE FOR CONGRESS

Mailing Address 370 Tall Tree Ct

City
JacksonState
NJZip Code
08527-3158Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Leonard Lance011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D106216

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City
Highland Hts.State
OHZip Code
44143Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Steven C. LaTourette011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: D107777

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**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 50 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Mo Brooks for Congress

Mailing Address 7610 Foxfire Dr SE

City
HuntsvilleState
ALZip Code
35802-2716Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 05

Transaction ID: D107779

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Nevada Republican Party

Mailing Address 6655 S. Tenaya Way
Suite 120City
Las VegasState
NVZip Code
89107Purpose of Disbursement
Contributions to National Party Committees

Candidate Name

003

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Transaction ID: D106178

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

New Pioneers PAC

Mailing Address 228 S. Washington Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D106205

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	6		2	0	1	0

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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)

PAGE 51 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Oliverio for Congress

Mailing Address P.O. Box 130

City
Dellslow

State
WV

Zip Code
26531

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Mike Oliverio

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: D106199

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Pat Meehan for Congress

Mailing Address 5035 Township Line Rd

City
Drexel Hill

State
PA

Zip Code
19026-4821

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Pat Meehan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: D106206

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Paul Gosar for Congress

Mailing Address P.O. Box 368

City
Falls Church

State
VA

Zip Code
22040

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: D106180

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

**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 52 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
FremontState
CAZip Code
94537Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Fortney Peter Stark011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D107780

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

BEN CHANDLER FOR CONGRESS

Mailing Address P. O. Box 12678

City
LexingtonState
KYZip Code
40508Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Ben Chandler011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

Transaction ID: D107794

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City
TotowaState
NJZip Code
07511Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Bill Pascrell, Jr.011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: D106705

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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)

PAGE 53 / 63

☐ 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

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CHARLIE WILSON

Mailing Address P.O. BOX 61

City State Zip Code
ST. CLAIRSVILLE OH 43950

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Charlie Wilson

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 06

Transaction ID: D107796

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DAVE REICHERT

Mailing Address P. O. Box 53322

City State Zip Code
Bellevue WA 98015

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Dave Reichert

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: D107768

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
DAVID SCOTT FOR CONGRESS

Mailing Address P.O. BOX 960821

City State Zip Code
RIVERDALE GA 30296

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. David Scott

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 13

Transaction ID: D107781

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**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 54 / 63

<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

**A. Full Name (Last, First, Middle Initial)
DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Devin Nunes010
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: D107790

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

4000.00

**B. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS**

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Frank Pallone, Jr.011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D106217

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN NYE**Mailing Address 499 S Capitol St SW
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Glenn C. Nye011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D107786

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

8000.00

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

**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 55 / 63

<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

**A. Full Name (Last, First, Middle Initial)
JACKIE SPEIER FOR CONGRESS**

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Jackie Speier011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: D107772

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

4000.00

**B. Full Name (Last, First, Middle Initial)
JOHN SALAZAR FOR CONGRESS**

Mailing Address PO Box 534

City Pueblo State CO Zip Code 81002

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. John T. Salazar011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CO District: 03

Transaction ID: D106700

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)
KATHY DAHLKEMPER FOR CONGRESS**

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Kathy Dahlkemper011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: D106194

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ►

10500.00

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

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)

PAGE 56 / 63

<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

A. Full Name (Last, First, Middle Initial)
KENNY MARCHANT FOR CONGRESS

Mailing Address PO Box 110187

City State Zip Code
Carrollton TX 75011

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Kenny Marchant

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 24

Transaction ID: D106222

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF MAURICE HINCHEY

Mailing Address PO Box 4497

City State Zip Code
Kingston NY 12402

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Maurice D. Hinchey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 22

Transaction ID: D107787

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 Madison Avenue

City State Zip Code
Sacramento CA 95841

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Mike Thompson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D107789

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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)

PAGE 57 / 63

<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

A. Full Name (Last, First, Middle Initial) **PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Pete Sessions

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: D107782

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

3500.00

B. Full Name (Last, First, Middle Initial) **GINGREY FOR CONGRESS**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Phil Gingrey

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D106204

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial) **ROB ANDREWS U.S. HOUSE COMMITTEE**

Mailing Address 215 Fourth Avenue

City Haddon Heights State NJ Zip Code 07076

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Robert E. Andrews

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 01

Transaction ID: D107784

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

**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 58 / 63

<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

A. Full Name (Last, First, Middle Initial) FRIENDS OF ROY BLUNT	Transaction ID: D106193 Date of Disbursement																				
Mailing Address 209 Pennsylvania Ave SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Washington State DC Zip Code 20003-1107	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Roy Blunt	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MO District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BERKLEY FOR CONGRESS	Transaction ID: D107776 Date of Disbursement																				
Mailing Address 3069 Conquista Court	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Las Vegas State NV Zip Code 89121	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Shelley Berkley	<table border="1"> <tr> <td></td> </tr> </table> Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA	Transaction ID: D106195 Date of Disbursement																				
Mailing Address PO Box 2009	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Sioux Falls State SD Zip Code 57101	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Stephanie Herseht Sandlin	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

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)

PAGE 59 / 63

<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

A. Full Name (Last, First, Middle Initial) SCALISE FOR CONGRESS	Transaction ID: D106177 Date of Disbursement																				
Mailing Address PO Box 23219	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		0	6		2	0	1	0												
City Jefferson State LA Zip Code 70183	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Steve Scalise	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS	Transaction ID: D107783 Date of Disbursement																				
Mailing Address 1600 Roosevelt Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Niles State OH Zip Code 44446	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Tim Ryan	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Roskam For Congress Committee	Transaction ID: D107792 Date of Disbursement																				
Mailing Address P. O. Box 713	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	3		2	0	1	0												
City Wheaton State IL Zip Code 60187	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Mr. Peter Roskam	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

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)

PAGE 60 / 63

<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

A.

Full Name (Last, First, Middle Initial)

Sandy Adams for Congress

Mailing Address P. O. Box 1566

City
Orlando

State
FL

Zip Code
32802

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: FL District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D106189

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Schock For Congress

Mailing Address PO Box 10555

City
Peoria

State
IL

Zip Code
61612

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Mr. Aaron Schock

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: IL District: 18

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D107793

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MIKULSKI FOR SENATE COMMITTEE

Mailing Address PO BOX 13147

City
BALTIMORE

State
MD

Zip Code
21203

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. Barbara A. Mikulski

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D106219

Date of Disbursement

10 / 06 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8500.00

TOTAL This Period (last page this line number only)

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

National Emergency Medicine Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

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)

PAGE 62 / 63

<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

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

A.

Full Name (Last, First, Middle Initial)

Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City State Zip Code
Cape Girardeau MO 63702

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Jo Ann Emerson

Office Sought: ☒ House
☐ Senate
☐ President

State: MO District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: D107795

Date of Disbursement

10 / 13 / 2010

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

154500.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 63 / 63

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action Committee		FEC IDENTIFICATION NUMBER C C00140061	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Mullen and Company		Date M M / D D / Y Y Y Y 1 0 / 1 3 / 2 0 1 0	
Mailing Address Suite 600 1101 Pennsylvania Ave., NW		Amount 40000.00	
City Washington State DC Zip Code 20037		Transaction ID: D107762	
Purpose of Expenditure Independent Expenditure for Rep. Chris Murphy (D-CT)		Office Sought: <input checked="" type="checkbox"/> House State: CT <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Rep. Christopher S. Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 40000.00		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) : Radio Ad 2010	

(a) SUBTOTAL of Itemized Independent Expenditures	40000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	40000.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Phyllis Edans, CPA, CAE
Signature

Date M M / D D / Y Y Y Y
0 3 / 0 7 / 2 0 1 1