SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 21 / 74
(check only one)
[X] 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): Dr. Daniel L Sullivan
Mailing Address: 23146 Greenleaf Blvd
City: Elkhart State: IN Zip Code: 46514-4509
FEC ID number of contributing federal political committee: C
Name of Employer: Elkhart Emer Phys
Occupation: Emergency Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 300.00
Date of Receipt: 08 06 2004
Transaction ID: 3805435
Amount of Each Receipt this Period: 50.00

B.
Full Name (Last, First, Middle Initial): Dr. Stella H Dao
Mailing Address: 2528 Capitol Ave
City: Sacramento State: CA Zip Code: 95816-5809
FEC ID number of contributing federal political committee: C
Name of Employer: Kaiser Hosp
Occupation: Emergency Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 550.00
Date of Receipt: 08 06 2004
Transaction ID: 3805424
Amount of Each Receipt this Period: 500.00

C.
Full Name (Last, First, Middle Initial): Dr. Timothy A Burrell
Mailing Address: 3939 W Maple Grove Rd
City: Bloomington State: IN Zip Code: 47404-9254
FEC ID number of contributing federal political committee: C
Name of Employer: Unity Phys Grp
Occupation: Emergency Physician
Receipt For: Primary General
Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 08 09 2004
Transaction ID: 3976784
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 800.00

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