

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** C00140061 **CITY** **STATE** **ZIP CODE**
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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2006 through 03 31 2006

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 Dean Wilkerson, MBA,JD

Signature of Treasurer Electronically Filed by Dean Wilkerson, MBA,JD Date 04 18 2006

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		338268.79
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	338268.79									
(c) Total Receipts (from Line 19)	175156.70	175156.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	513425.49	513425.49								
7. Total Disbursements (from Line 31)	129265.60	129265.60								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	384159.89	384159.89								
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**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	77052.33	77052.33
(i) Itemized (use Schedule A)	94963.70	94963.70
(ii) Unitemized	172016.03	172016.03
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	172016.03	172016.03
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	3140.67	3140.67
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))	175156.70	175156.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	175156.70	175156.70

DETAILED SUMMARY PAGE

of Disbursements

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.....	126500.00	126500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	100.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	100.00	100.00
29. Other Disbursements.....	2665.60	2665.60
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))..	129265.60	129265.60
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	129265.60	129265.60

DETAILED SUMMARY PAGE
of Disbursements

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)	172016.03	172016.03
34. Total Contribution Refunds (from Line 28(d))	100.00	100.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	171916.03	171916.03
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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James E Winslow, III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 2 / 2 0 0 6
Mailing Address Wake Forest Univ Sch Med ED Medical Center Blvd		Transaction ID: 12103853
City Winston Salem State NC Zip Code 27157-0001		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Forest Univ Sch Med ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. John E Rampulla		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 3 / 2 0 0 6
Mailing Address 260 Van Winkle Dr		Transaction ID: 12105023
City San Anselmo State CA Zip Code 94960-1040		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Doctors Hosp of San Pablo	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. E Jackson Allison, Jr		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6
Mailing Address # 4 Hickory Forest Rd		Transaction ID: 12105027
City Asheville State NC Zip Code 28805-1400		Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		
Name of Employer Veterans Affairs Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. William D Dicindio		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 124 Erica Ct		Transaction ID: 12152185	
City Swedesboro	State NJ	Amount of Each Receipt this Period 365.00	
Zip Code 08085-1823		FEC ID number of contributing federal political committee. C	
Name of Employer South Jersey Healthcare	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

B. Full Name (Last, First, Middle Initial) Dr. Alan Davidson, III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address 4103 Westmount Rd		Transaction ID: 12152435	
City Greensboro	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 27410-2174		FEC ID number of contributing federal political committee. C	
Name of Employer Moses H Cone Mem Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Alan C Woodward		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 4 / 2 0 0 6	
Mailing Address PO Box 587		Transaction ID: 12152663	
City Concord	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 01742-0587		FEC ID number of contributing federal political committee. C	
Name of Employer Emerson Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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)
Dr. Herbert E Gray, III

Mailing Address
PO Box 1295

City State Zip Code
North Falmouth MA 02556-1295

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Falmouth Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12151884

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Brian T Williams

Mailing Address
113 S Garfield St

City State Zip Code
Denver CO 80209-3117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
North Suburban Med Center Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12149055

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Wesley A Curry

Mailing Address
1900 Royalty Dr # 200

City State Zip Code
Pomona CA 91767-3051

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pomona Valley Hosp Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y
0 1 / 0 4 / 2 0 0 6

Transaction ID: 12105005

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Lisa Dianne Hrutkay		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address RR #1 Box 156		Transaction ID: 12149919	
City Valley Grove	State WV	Amount of Each Receipt this Period 500.00	
Zip Code 26060-8910			
FEC ID number of contributing federal political committee. C			
Name of Employer EMSTAR/OVMC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Frederick Gould		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 4534 Douglas Fir Ln		Transaction ID: 12156418	
City Sheboygan	State WI	Amount of Each Receipt this Period 250.00	
Zip Code 53083-5908			
FEC ID number of contributing federal political committee. C			
Name of Employer Frederick Gould, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Paul Ronald Hope		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 3199 Paper Mill Rd		Transaction ID: 12156389	
City Huntingdon Valley	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 19006-3717			
FEC ID number of contributing federal political committee. C			
Name of Employer Abington Memorial Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Harry E Kintzi		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 3304 Bowman Rd		Transaction ID: 12156391	
City Landisville	State PA	Amount of Each Receipt this Period 250.00	
Zip Code 17538-1831		FEC ID number of contributing federal political committee. C	
Name of Employer Lancaster Emerg Assoc	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr. Richard B Esler, Jr		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 8603 Bakircay Ln		Transaction ID: 12156382	
City Powell	State OH	Amount of Each Receipt this Period 1000.00	
Zip Code 43065-7989		FEC ID number of contributing federal political committee. C	
Name of Employer Riverside Meth Hosp	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 1000.00			

Full Name (Last, First, Middle Initial) C. Dr. John Edward Hunt		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 52 Hawthorne Rd		Transaction ID: 12105013	
City Southampton	State NY	Amount of Each Receipt this Period 365.00	
Zip Code 11968-4209		FEC ID number of contributing federal political committee. C	
Name of Employer Southampton Hosp	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 365.00			

SUBTOTAL of Receipts This Page (optional) ▶	1615.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Joseph LaMantia		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 3 Faraway Rd		Transaction ID: 12156376	
City Armonk	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 10504-1215		FEC ID number of contributing federal political committee. C	
Name of Employer North Shore Univ Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Francis L Levin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 8 Hampshire Way		Transaction ID: 12156371	
City Medford	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08055-2643		FEC ID number of contributing federal political committee. C	
Name of Employer UMDNJ/ SOM/ Kennedy	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Mary Ann McCabe-Bageac		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 73 Cranmoor Dr		Transaction ID: 12156396	
City Toms River	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08753-6865		FEC ID number of contributing federal political committee. C	
Name of Employer Monmouth Medical Center	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 12 / 103
	(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)
Dr. Brian Patrick Lowry

Mailing Address
288 Oakleaf Dr

City State Zip Code
Pine Knoll Shores NC 28512-6400

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Carteret Gen Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 12149429

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark W Brautigan

Mailing Address
4800 Cuthbert Rd

City State Zip Code
White Lake MI 48386-1302

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sinai-Grace Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 12156384

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Henry P Hammersmith

Mailing Address
12070 Hoskins NE

City State Zip Code
Cedar Springs MI 49319-9182

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Butterworth Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2006

Transaction ID: 12156482

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	1000.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert Thomas Adams		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 4020 Shadow Wood Dr		Transaction ID: 12156412
City Bloomington	State IN	
Zip Code 47404-9557		Transaction ID: 12156412
FEC ID number of contributing federal political committee. C		
Name of Employer Unity Physician Group	Occupation Emergency Physician	Transaction ID: 12156412
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas C Madden		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 6195 Deerwood Dr		Transaction ID: 12156484
City Greenwood	State IN	
Zip Code 46143-9159		Transaction ID: 12156484
FEC ID number of contributing federal political committee. C		
Name of Employer Bloomington Hosp ED	Occupation Emergency Physician	Transaction ID: 12156484
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) C. Dr. Daniel L Sullivan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6
Mailing Address 23146 Greenleaf Blvd		Transaction ID: 12156380
City Elkhart	State IN	
Zip Code 46514-4509		Transaction ID: 12156380
FEC ID number of contributing federal political committee. C		
Name of Employer Elkhart Emerg Phys	Occupation Emergency Physician	Transaction ID: 12156380
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	1000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gregg Stephen Pollander		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 8625 Castle Creek Dr		Transaction ID: 12149832	
City Ft Wayne	State IN	Amount of Each Receipt this Period 365.00	
Zip Code 46804-2759			
FEC ID number of contributing federal political committee. C			
Name of Employer Professional Emerg Phys Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr. Bryce Tiller		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 917 1st St N Apt 804		Transaction ID: 12150099	
City Jacksonville Beach	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32250-9106			
FEC ID number of contributing federal political committee. C			
Name of Employer Mem Hosp Jacksonville	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Thomas A Sweeney		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 206 Fairhill Dr		Transaction ID: 12156413	
City Wilmington	State DE	Amount of Each Receipt this Period 300.00	
Zip Code 19808-4311			
FEC ID number of contributing federal political committee. C			
Name of Employer Doctors for Emergency Service	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	915.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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) Dr. Richard A Sonner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 0 6 / 2 0 0 6	
Mailing Address 401 Prospect Cir		Transaction ID: 12156415	
City S Pasadena	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 91030-1745		FEC ID number of contributing federal political committee. C	
Name of Employer Torrance Mem Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Charles Steven Dixon		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address 2449 Passage Key Tr		Transaction ID: 12140509	
City Xenia	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 45385-9204		FEC ID number of contributing federal political committee. C	
Name of Employer Green Memorial Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Marc K Allen		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address Barrington 485 Club Dr		Transaction ID: 12140465	
City Aurora	State OH	Amount of Each Receipt this Period 500.00	
Zip Code 44202-8564		FEC ID number of contributing federal political committee. C	
Name of Employer Marc K Allen, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. Pamela Marron		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address 14 Remington St		Transaction ID: 12140486	
City Cambridge	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02138-5208			
FEC ID number of contributing federal political committee. C			
Name of Employer Pamela Marron, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Douglas M Hill		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 0 / 2 0 0 6	
Mailing Address 6770 Ridgeview Dr		Transaction ID: 12140473	
City Morrison	State CO	Amount of Each Receipt this Period 1000.00	
Zip Code 80465-2720			
FEC ID number of contributing federal political committee. C			
Name of Employer North Suburban Medical Center	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

C. Full Name (Last, First, Middle Initial) Dr. David Charles Seaberg		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 1 / 2 0 0 6	
Mailing Address 188 SW 131st St		Transaction ID: 12147392	
City Newberry	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32669-3052			
FEC ID number of contributing federal political committee. C			
Name of Employer 1329 SW 16th St	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Dr. Neal A Kaforey

Mailing Address
2271 Cross Creek Trail

City State Zip Code
Cuyahoga Falls OH 44223-1271

FEC ID number of contributing federal political committee. **C**

Name of Employer Kaiser Permanente Emergency
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: 12168702

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Harry D Kerr

Mailing Address
4641 N Ardmore Ave

City State Zip Code
Milwaukee WI 53211-1111

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbia Hosp
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: 12156739

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Manuel E Lopez Diaz

Mailing Address
3103 SW 156th PI

City State Zip Code
Miami FL 33185-4920

FEC ID number of contributing federal political committee. **C**

Name of Employer Manuel E Lopez Diaz, MD, FACEP
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
01 / 12 / 2006

Transaction ID: 12168688

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	1165.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Laurence J Gavin		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 312 S Fairfield Rd		Transaction ID: 12168699	
City Devon	State PA	Zip Code 19333-1633	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Presbyterian Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Kevin R Bower		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 800 Gateshead Ct		Transaction ID: 12156800	
City Southlake	State TX	Zip Code 76092-6363	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Irving Health Care Systems	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Scott A Ramming		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 494 Clarks Chapel Rd		Transaction ID: 12169032	
City Weaverville	State NC	Zip Code 28787-8349	Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mission St Josephs Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. William Joseph Frohna		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 9908 Juniper Hill Rd		Transaction ID: 12712283
City Rockville	State MD	
Zip Code 20850-5426		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Union Mem Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark A Mahoney		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address Box 644		Transaction ID: 12156964
City Mattapoisett	State MA	
Zip Code 02739-0644		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer St Lukes Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Darrell R Hofer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address 309 Crosscreek Dr		Transaction ID: 12169635
City Muncie	State IN	
Zip Code 47304-3493		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Emer Phys of Delaware Co	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Christina C Drummond		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 2 / 2 0 0 6	
Mailing Address 7009 W St Andrews Ave		Transaction ID: 12156873	
City Yorktown	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 47396-9234			
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Phys of DE Co	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Pablo Laureano		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address Box 470		Transaction ID: 12168664	
City San Lorenzo	State PR	Amount of Each Receipt this Period 250.00	
Zip Code 00754-0470			
FEC ID number of contributing federal political committee. C			
Name of Employer Hosp Auxilio Mútuo ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Vera Helena Masutti		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 1 3 / 2 0 0 6	
Mailing Address 2736 N Hampden # 108		Transaction ID: 12168665	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60614-1645			
FEC ID number of contributing federal political committee. C			
Name of Employer Vera Helena Másutti, DO	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James E Garrett		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 105 Sea Buoy Ct		Transaction ID: 12592530	
City Emerald Isle	State NC	Amount of Each Receipt this Period 1000.00	
Zip Code 28594-2303		FEC ID number of contributing federal political committee. C	
Name of Employer Onslow Memorial Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert J Rothstein		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 11717 Centurion Way		Transaction ID: 12592531	
City Potomac	State MD	Amount of Each Receipt this Period 1000.00	
Zip Code 20854-6418		FEC ID number of contributing federal political committee. C	
Name of Employer Suburban Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Kurt J Wagner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6	
Mailing Address 605 Jefferson St		Transaction ID: 12593073	
City Hinsdale	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60521-3844		FEC ID number of contributing federal political committee. C	
Name of Employer Palos Emergency Med Serv Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	2250.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Gordon Dean Reed		Date of Receipt M M / D D / Y Y Y Y 0 1 / 1 7 / 2 0 0 6
Mailing Address 10 Oak Knoll Cir		Transaction ID: 12593079
City Newark	State DE	Zip Code 19711-2490
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Doctors for Emer Svc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Neil Grahame Brown		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 901 S Atlantic Ave		Transaction ID: 12544969
City Virginia Beach	State VA	Zip Code 23451-3688
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Tidewater Emerg Med Care	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Sarah J Vogel		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6
Mailing Address 52 Duncan Phye Ln		Transaction ID: 12544970
City Slingerlands	State NY	Zip Code 12159-9376
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Albany Mem Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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) Dr. F Shaune Robertson		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 22 Barrington Dr		Transaction ID: 12544960	
City Wheeling	State WV	Amount of Each Receipt this Period 365.00	
Zip Code 26003-6667			
FEC ID number of contributing federal political committee. C			
Name of Employer Reynolds Mem Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 415.00		

B. Full Name (Last, First, Middle Initial) Dr. David Joseph Istvan		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 255 Warren St #1108		Transaction ID: 12545004	
City Jersey City	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 07302-3708			
FEC ID number of contributing federal political committee. C			
Name of Employer Bayonne Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Richard Cieslak		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 21089 Thorofare Rd		Transaction ID: 12544991	
City Grosse Ile	State MI	Amount of Each Receipt this Period 365.00	
Zip Code 48138-1230			
FEC ID number of contributing federal political committee. C			
Name of Employer Richard Cieslak, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1230.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bill Harshbarger		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address W301 N 3252 Windrush Cir		Transaction ID: 12544972	
City Pewaukee	State WI	Zip Code 53072	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer W Allis Mem Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Don Tatsumi Tanabe		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 0 / 2 0 0 6	
Mailing Address 151 Barcelona Dr		Transaction ID: 12544965	
City Jupiter	State FL	Zip Code 33458-2713	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer JEMS Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. William Thomas Redwood		Date of Receipt M M / D D / Y Y Y Y Y 0 1 / 2 3 / 2 0 0 6	
Mailing Address 254 Trickum Creek Rd		Transaction ID: 12544932	
City Tyrone	State GA	Zip Code 30290-1711	Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kennestone Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Paul Francis Walsh		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 911 Vermillion Dr		Transaction ID: 12702590	
City Bakersfield	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 93312-6507			
FEC ID number of contributing federal political committee. C			
Name of Employer Paul Francis Walsh, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr Steven H Silber		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 155 Perry St # 5A		Transaction ID: 12589519	
City New York	State NY	Amount of Each Receipt this Period 365.00	
Zip Code 10014-2374			
FEC ID number of contributing federal political committee. C			
Name of Employer Methodist Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr. Vicki Kay Friend		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 5753 Aloma Woods Blvd		Transaction ID: 12589517	
City Oviedo	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32765-9437			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Hosp of E Orlando	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1865.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Paul DePonte		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 107 Baytree Ct		Transaction ID: 12589498	
City Winter Springs	State FL	Amount of Each Receipt this Period 500.00	
Zip Code 32708-5122		FEC ID number of contributing federal political committee. C	
Name of Employer Paul DePonte, DO	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Jorge Lopez-Ferrer		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 1476 Chippewa Ln		Transaction ID: 12589415	
City Geneva	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32732-9183		FEC ID number of contributing federal political committee. C	
Name of Employer Florida Emerg Phys Kang & Asso	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Vidor E Friedman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 13061 Water Point Blvd		Transaction ID: 12589502	
City Windermere	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 34786-5818		FEC ID number of contributing federal political committee. C	
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Wayne S Friestad		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 1817 Wingfield Dr		Transaction ID: 12589504	
City Longwood	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32779-2708			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Miguel A Acevedo Segui		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 2326 Longmoore Ct		Transaction ID: 12702469	
City Orlando	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32835-5962			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Maritza Rodriguez		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 2336 Kettle Dr		Transaction ID: 12589501	
City Orlando	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32835-8129			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emergency Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Regan Andre Schwartz		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 2446 Westminster Terr		Transaction ID: 12589254	
City Oviedo	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32765-7503			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Brent F Gardner		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 640 E Club Cir		Transaction ID: 12589164	
City Longwood	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32779-2256			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Rodney C Kang		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 4 / 2 0 0 6	
Mailing Address 2420 Sandlake Rd		Transaction ID: 12589500	
City Longwood	State FL	Amount of Each Receipt this Period 1000.00	
Zip Code 32779-5811			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 / 103
	<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)
Dr. W Randall Poole

Mailing Address
500 Sweetwater Club Pl

City State Zip Code
Longwood FL 32779-2161

FEC ID number of contributing federal political committee. **C**

Name of Employer
Florida Emergency Physicians

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 12589516

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Ernie Woodhouse

Mailing Address
11625 Cielo Ln

City State Zip Code
Loma Linda CA 92354-3708

FEC ID number of contributing federal political committee. **C**

Name of Employer
CA Emerg Phys Med Grp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2006

Transaction ID: 12589520

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Nathan P Watkins

Mailing Address
263 14th St SE Unit A

City State Zip Code
Washington DC 20003-2366

FEC ID number of contributing federal political committee. **C**

Name of Employer
Washington Hosp Ctr EM Dept

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 12583191

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1615.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Timothy M Everett		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 2201 Mauldin St NW		Transaction ID: 12589528	
City Atlanta	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30318-1934			
FEC ID number of contributing federal political committee. C			
Name of Employer Timothy M Everett, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Kevin Karl Bowman		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 8700 Diley Rd		Transaction ID: 12583825	
City Canal Winchester	State OH	Amount of Each Receipt this Period 200.00	
Zip Code 43110-9657			
FEC ID number of contributing federal political committee. C			
Name of Employer Fairfield Medical Center	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. David Neil DuBois		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 51 Abbottsford Dr		Transaction ID: 12583393	
City Pinehurst	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 28374-9757			
FEC ID number of contributing federal political committee. C			
Name of Employer Sandhills Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 31 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Marvin Heyboer, III		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 1122 Joseph Ct		Transaction ID: 12583974	
City Ripon	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 95366-3109		FEC ID number of contributing federal political committee. C	
Name of Employer Memorial Medical Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Thomas G Chiccone		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 908 Church Hill Rd		Transaction ID: 12583428	
City Centreville	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 21617-2599		FEC ID number of contributing federal political committee. C	
Name of Employer Memorial Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Doyle A Yeager		Date of Receipt M M / D D / Y Y Y Y 0 1 / 2 5 / 2 0 0 6	
Mailing Address 17900 County Rd 112		Transaction ID: 12583636	
City Bristol	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 46507-9575		FEC ID number of contributing federal political committee. C	
Name of Employer Elkhart Gen Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Dr. Daniel J Cole

Mailing Address
1329 N 22nd St

City State Zip Code
Fort Dodge IA 50501-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Trinity Regional Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 12589899

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. Carl H Schultz

Mailing Address
13785 Bald Cypress Cir

City State Zip Code
Fort Myers FL 33907-1843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Cape Coral Hosp ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 12590501

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Navdeep Singh Gill

Mailing Address
1825 NW 104th St

City State Zip Code
Clive IA 50325-6559

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mercy Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
01 / 25 / 2006

Transaction ID: 12589526

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	980.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 33 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Jack Henry Mitstifer		Date of Receipt MM / DD / YYYY 01 / 26 / 2006
Mailing Address 4877 Squire Dr		Transaction ID: 12592669
City Sagamore Hls	State OH	Zip Code 44067-3287
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer GEMS	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Thomas W Graber		Date of Receipt MM / DD / YYYY 01 / 30 / 2006
Mailing Address 29360 Lake Rd		Transaction ID: 12716510
City Bay Village	State OH	Zip Code 44140-1321
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Team Health Midwest	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) C. Dr. Richard E Gradisek		Date of Receipt MM / DD / YYYY 01 / 30 / 2006
Mailing Address 730 Stonecliff Dr		Transaction ID: 12716437
City Akron	State OH	Zip Code 44313-5903
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 800.00
Name of Employer Akron Gen Med Center ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional)	▶	1415.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Matthew J Walsh		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 3277 Mountain Walk Dr		Transaction ID: 12716395	
City El Paso	State TX	Zip Code 79904-3502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Thomason General Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert D Greenberg		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1707 Canyon Springs		Transaction ID: 12716478	
City Belton	State TX	Zip Code 76513-1044	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Scott & White Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Alexander Max Rosenau		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 1140 N Broad St		Transaction ID: 12716491	
City Allentown	State PA	Zip Code 18104-2912	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Peter B Woollett		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address 111 Kalaiohua Pl		Transaction ID: 12716394	
City Honolulu	State HI	Amount of Each Receipt this Period 365.00	
Zip Code 96822-5005			
FEC ID number of contributing federal political committee. C			
Name of Employer Islands Emerg Med Svcs	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr. Joy Felicia Slade		Date of Receipt M M / D D / Y Y Y Y 0 1 / 3 0 / 2 0 0 6	
Mailing Address PO Box 98007		Transaction ID: 12716520	
City Atlanta	State GA	Amount of Each Receipt this Period 300.00	
Zip Code 30359-1707			
FEC ID number of contributing federal political committee. C			
Name of Employer Joy Felicia Slade, MD, FA-CEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Fred A Williams, Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 1003 Westside Ln		Transaction ID: 12751089	
City Charles Town	State WV	Amount of Each Receipt this Period 1000.00	
Zip Code 25414-4732			
FEC ID number of contributing federal political committee. C			
Name of Employer City Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	1665.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Costas Andreas Kaiafas		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 1 / 2 0 0 6	
Mailing Address 910 Country Club Rd		Transaction ID: 12751365	
City Bridgewater	State NJ	Amount of Each Receipt this Period 1000.00	
Zip Code 08807-1174			
FEC ID number of contributing federal political committee. C			
Name of Employer Morristown Mem Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Neil R Joebchen		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 2 / 2 0 0 6	
Mailing Address 3948 Skyline Rd		Transaction ID: 12751078	
City Carlsbad	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 92008-2745			
FEC ID number of contributing federal political committee. C			
Name of Employer Tri-City Emer Medical Gro- up	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark Slabinski		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 67043 Old 21 Rd		Transaction ID: 12835677	
City Cambridge	State OH	Amount of Each Receipt this Period 250.00	
Zip Code 43725-9402			
FEC ID number of contributing federal political committee. C			
Name of Employer SEORMC, ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Aimee Teresa Martin		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 320 McWhorter Dr		Transaction ID: 12835698	
City Athens	State GA	Amount of Each Receipt this Period 500.00	
Zip Code 30606-4326			
FEC ID number of contributing federal political committee. C			
Name of Employer Aimee Teresa Martin, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Manuel E Lopez Diaz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 3103 SW 156th Pl		Transaction ID: 12835705	
City Miami	State FL	Amount of Each Receipt this Period 300.00	
Zip Code 33185-4920			
FEC ID number of contributing federal political committee. C			
Name of Employer Manuel E Lopez Diaz, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Dr. William C Parks		Date of Receipt M M / D D / Y Y Y Y 0 2 / 0 7 / 2 0 0 6	
Mailing Address 2501 Limerick Ln		Transaction ID: 12835708	
City Columbia	State MO	Amount of Each Receipt this Period 365.00	
Zip Code 65203-1990			
FEC ID number of contributing federal political committee. C			
Name of Employer Emer Phys of Mid MO	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1165.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 103
	<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)
Dr. Angelo L Falcone

Mailing Address
21608 English Meadow Pl

City State Zip Code
Gaithersburg MD 20882-1350

FEC ID number of contributing federal political committee. **C**

Name of Employer
Shady Grove Adventist Hosp ED

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: 12835689

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Gregg Stephen Pollander

Mailing Address
8625 Castle Creek Dr

City State Zip Code
Ft Wayne IN 46804-2759

FEC ID number of contributing federal political committee. **C**

Name of Employer
Professional Emerg Phys Inc

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
730.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: 12835710

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Vincent H Knauf, II

Mailing Address
4860 Louise Dr

City State Zip Code
San Diego CA 92115-1921

FEC ID number of contributing federal political committee. **C**

Name of Employer
Sharp Chala Vista

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 07 / 2006

Transaction ID: 12835703

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	▶	1230.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John D Bibb		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 0 / 2 0 0 6	
Mailing Address 16449 Akron St		Transaction ID: 12866752	
City State Zip Code Pacific Plsds CA 90272-2304		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Cedars Sinai Medical Center		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Nathan P Watkins		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 263 14th St SE Unit A		Transaction ID: 12836595	
City State Zip Code Washington DC 20003-2366		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Washington Hosp Ctr EM Dept		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Dr. Philip C Van Dongen		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 3 / 2 0 0 6	
Mailing Address 75 May Apple Ln		Transaction ID: 12836638	
City State Zip Code Martinsburg WV 25401-1123		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Philip C Van Dongen, MD		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional) ▶	2100.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER: PAGE 40 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David Alan Fascitelli

Mailing Address
76 Beech Rd

City State Zip Code
Englewood NJ 07631-3722

FEC ID number of contributing federal political committee. **C**

Name of Employer
Valley Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 12836639

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Wesley A Curry

Mailing Address
1900 Royalty Dr # 200

City State Zip Code
Pomona CA 91767-3051

FEC ID number of contributing federal political committee. **C**

Name of Employer
Pomona Valley Hosp Med Ctr ED

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 13 / 2006

Transaction ID: 12836590

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Lisa Dianne Hrutkay

Mailing Address
RR #1 Box 156

City State Zip Code
Valley Grove WV 26060-8910

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 ▼
1500.00

Date of Receipt
MM / DD / YYYY
02 / 14 / 2006

Transaction ID: 12870701

Amount of Each Receipt this Period
1000.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Ronald Iverson		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 4935 S Scenic Rte		Transaction ID: 12870900	
City State Zip Code Casper WY 82601-6714	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Med Phys PC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) B. Dr. Pablo Laureano		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address Box 470		Transaction ID: 12870703	
City State Zip Code San Lorenzo PR 00754-0470	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Hosp Auxilio Mútuo ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Saul Francis Rigau		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 1012 Lewis Ln		Transaction ID: 12870865	
City State Zip Code Clarks Summit PA 18411-1125	Amount of Each Receipt this Period 365.00		
FEC ID number of contributing federal political committee. C			
Name of Employer CMC Hosp Trauma Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	815.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. Robert W Kugler		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 15 Independence Cir		Transaction ID: 12870682	
City Middlebury	State CT	Amount of Each Receipt this Period 1000.00	
Zip Code 06762-3350			
FEC ID number of contributing federal political committee. C			
Name of Employer St Mary Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Dr. Chester Duane Shermer		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 609 Holly Bush Rd		Transaction ID: 12870864	
City Brandon	State MS	Amount of Each Receipt this Period 250.00	
Zip Code 39047-9364			
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Med Assoc of Jackson	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Wesley Zeger		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 290 Skyline Dr		Transaction ID: 12870835	
City Elkhorn	State NE	Amount of Each Receipt this Period 250.00	
Zip Code 68022-1788			
FEC ID number of contributing federal political committee. C			
Name of Employer Wesley Zeger, DO, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert E Loewenstein		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 10 Samuel Willson Ln		Transaction ID: 12870624	
City Pittstown	State NJ	Amount of Each Receipt this Period 500.00	
Zip Code 08867-4059		FEC ID number of contributing federal political committee. C	
Name of Employer Christ Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. David Bohorquez		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 7522 NW 44th Ct		Transaction ID: 12870931	
City Coral Springs	State FL	Amount of Each Receipt this Period 200.00	
Zip Code 33065-2057		FEC ID number of contributing federal political committee. C	
Name of Employer BOHOMED, PA	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Ben C Corballis		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 906 Greenhill Ave		Transaction ID: 12870651	
City Wilmington	State DE	Amount of Each Receipt this Period 200.00	
Zip Code 19805-2640		FEC ID number of contributing federal political committee. C	
Name of Employer Drs for Emergency Service PA	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	900.00
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Stephen M Heinz		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 7700 Crosby Dr		Transaction ID: 12870923	
City Littleton	State CO	Zip Code 80124-8966	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer CarePoint PC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Mitchell L Lewis		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 2175 Hoodoo Dr		Transaction ID: 12870866	
City Colorado Spgs	State CO	Zip Code 80919-2929	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Front Range Emerg Special-ists	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Richard A Sonner		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 401 Prospect Cir		Transaction ID: 12870823	
City S Pasadena	State CA	Zip Code 91030-1745	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer Torrance Mem Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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) Dr. Christopher J Flynn		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 4 / 2 0 0 6	
Mailing Address 875 Woodland Dr		Transaction ID: 12870858	
City Santa Barbara	State CA	Amount of Each Receipt this Period 200.00	
Zip Code 93108-1848		FEC ID number of contributing federal political committee. C	
Name of Employer Santa Barbara Cottage Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Dr. William Basil Felegi		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 5 / 2 0 0 6	
Mailing Address 731 Red Lion Way		Transaction ID: 12882508	
City Bridgewater	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 08807-1668		FEC ID number of contributing federal political committee. C	
Name of Employer Morristown Mem Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Fred A Williams, Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6	
Mailing Address 1003 Westside Ln		Transaction ID: 12917207	
City Charles Town	State WV	Amount of Each Receipt this Period 100.00	
Zip Code 25414-4732		FEC ID number of contributing federal political committee. C	
Name of Employer City Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Dr. Eric James Zoog

Mailing Address
76 Grandview Cir

City State Zip Code
Brandon MS 39047-7398

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
MS Baptist Medical Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 12928039

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. James William Hoekstra

Mailing Address
5711 Shamrock Glen Ln

City State Zip Code
Lewisville NC 27023-8632

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Wake Forest Univ Sch of Med Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 12928060

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Mary Ann McCabe-Bageac

Mailing Address
73 Cranmoor Dr

City State Zip Code
Toms River NJ 08753-6865

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Monmouth Medical Center Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 17 / 2006

Transaction ID: 12928072

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. David Neil DuBois		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 51 Abbottsford Dr		Transaction ID: 12927975	
City Pinehurst	State NC	Amount of Each Receipt this Period 500.00	
Zip Code 28374-9757			
FEC ID number of contributing federal political committee. C			
Name of Employer Sandhills Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. David L Stewart		Date of Receipt M M / D D / Y Y Y Y 0 2 / 1 7 / 2 0 0 6	
Mailing Address 17439 Lakefield Rd		Transaction ID: 12928067	
City Round Hill	State VA	Amount of Each Receipt this Period 500.00	
Zip Code 20141-2419			
FEC ID number of contributing federal political committee. C			
Name of Employer Brody Sch Med ECU	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Peter Dewitt Hyman, Jr		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 541 Fairway Dr		Transaction ID: 12932802	
City Florence	State SC	Amount of Each Receipt this Period 365.00	
Zip Code 29501-5507			
FEC ID number of contributing federal political committee. C			
Name of Employer Peter Dewitt Hyman Jr, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

SUBTOTAL of Receipts This Page (optional) ▶	1365.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Joe Mark Harris		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6	
Mailing Address 170 Willow Green Dr		Transaction ID: 12932837	
City State Zip Code Jackson TN 38305-7303		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jackson Madison Cty Gen Hosp		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark S May		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 11734 Cassowary Dr		Transaction ID: 12935456	
City State Zip Code Sandy UT 84092-7170		Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Jordan Valley Hosp ED		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Dr. Jill M Hunt		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 6	
Mailing Address 3030 Brunskill Dr		Transaction ID: 12935458	
City State Zip Code Dubuque IA 52003-5223		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Finley Hosp		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	515.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 103
	<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)
Dr. Sandra Rose Picone

Mailing Address
100 Mt Grey Rd

City State Zip Code
Setauket NY 11733-1653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Westchester Medical Center Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2006

Transaction ID: 12945928

Amount of Each Receipt this Period
365.00

B. Full Name (Last, First, Middle Initial)
Dr. David Robert Golan

Mailing Address
7508 Via Fiorentino St

City State Zip Code
Las Vegas NV 89131-0129

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
David Robert Golan, MD Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2006

Transaction ID: 12945932

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. John A Hall

Mailing Address
776 S Meyer Ave

City State Zip Code
Tucson AZ 85701-2558

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Tucson Heart Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
MM / DD / YYYY
02 / 22 / 2006

Transaction ID: 12945931

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	830.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Steven Brian McAlpine		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 4650 Gateside Ln SE		Transaction ID: 12994655	
City Marietta	State GA	Amount of Each Receipt this Period 250.00	
Zip Code 30067-4087			
FEC ID number of contributing federal political committee. C			
Name of Employer InPhyNet/Team Health	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Audrey L Grant		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 12332 Quiet Hollow Ct		Transaction ID: 12994654	
City Fairfax	State VA	Amount of Each Receipt this Period 365.00	
Zip Code 22033-2916			
FEC ID number of contributing federal political committee. C			
Name of Employer Audrey L Grant, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) C. Dr. Kurt T Bernhisel		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 4 / 2 0 0 6	
Mailing Address 2740 E Wilshire Dr		Transaction ID: 12994661	
City Salt Lake City	State UT	Amount of Each Receipt this Period 250.00	
Zip Code 84109-1633			
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of Utah Emer Med	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	865.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 51 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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)
Dr. Paul R Pirigy

Mailing Address
641 Valley Rd

City State Zip Code
Watchung NJ 07069-6118

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
St Peters Medical Center Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: 12994662

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Francis L Levin

Mailing Address
8 Hampshire Way

City State Zip Code
Medford NJ 08055-2643

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
UMDNJ/ SOM/ Kennedy Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: 12994668

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Diane Linae Elmore

Mailing Address
7510 E Woodshire Cove

City State Zip Code
Scottsdale AZ 85258-2028

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Scottsdale Emerg Assoc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 24 / 2006

Transaction ID: 12994669

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	850.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard J Plunkett		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 2003 Evergreen Ct		Transaction ID: 13079629	
City Yakima	State WA	Amount of Each Receipt this Period 300.00	
Zip Code 98902-1200			
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Robert D Greenberg		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 1707 Canyon Springs		Transaction ID: 13079627	
City Belton	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 76513-1044			
FEC ID number of contributing federal political committee. C			
Name of Employer Scott & White Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Jay Kaplan		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 300 Oak Ave		Transaction ID: 13079618	
City San Anselmo	State CA	Amount of Each Receipt this Period 85.00	
Zip Code 94960-2703			
FEC ID number of contributing federal political committee. C			
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00		

SUBTOTAL of Receipts This Page (optional) ▶	635.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Bradley Alan Watling		Date of Receipt M M / D D / Y Y Y Y 0 2 / 2 7 / 2 0 0 6	
Mailing Address 109 Viewpoint Ln		Transaction ID: 13073138	
City Mooresville	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28117-7558			
FEC ID number of contributing federal political committee. C			
Name of Employer PEMA	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Timothy Alan Soult		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address 2101 Dansmere Ave		Transaction ID: 13103255	
City Oklahoma City	State OK	Amount of Each Receipt this Period 250.00	
Zip Code 73170-3404			
FEC ID number of contributing federal political committee. C			
Name of Employer University Health Partners	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Pablo Laureano		Date of Receipt M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6	
Mailing Address Box 470		Transaction ID: 13103230	
City San Lorenzo	State PR	Amount of Each Receipt this Period 250.00	
Zip Code 00754-0470			
FEC ID number of contributing federal political committee. C			
Name of Employer Hosp Auxilio Mutuo ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	750.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James A Thomas		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 10711 N Sleepy Hollow Rd		Transaction ID: 13103248
City Peoria	State IL	
Zip Code 61615-1123		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
Name of Employer James A Thomas, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Dr. Mary Louise Sparkes		Date of Receipt MM / DD / YYYY 03 / 01 / 2006
Mailing Address 27 Hickory Grove Way		Transaction ID: 13103244
City Savannah	State GA	
Zip Code 31405-1028		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer Candler Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Christopher S Goode		Date of Receipt MM / DD / YYYY 03 / 02 / 2006
Mailing Address 972 Ashton Pl		Transaction ID: 13103228
City Morgantown	State WV	
Zip Code 26508-6874		Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C		
Name of Employer UHC Emerg Dept	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

SUBTOTAL of Receipts This Page (optional)	715.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Timothy Martin O'Toole		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 2661 MacNaughten Rd NW		Transaction ID: 13103226	
City State Zip Code North Canton OH 44720-9546	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Aultman Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. James Jerome Augustine		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 1753 Emory Ridge Dr		Transaction ID: 13103213	
City State Zip Code Atlanta GA 30329-2589	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer EMP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. James F Kenny		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2006	
Mailing Address 96 Aspinwall St		Transaction ID: 13103223	
City State Zip Code Staten Island NY 10307-1627	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Staten Island University Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Leonard M Riggs, Jr		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 6815 Baltimore Dr		Transaction ID: 13117853	
City Dallas	State TX	Amount of Each Receipt this Period 365.00	
Zip Code 75205-1229			
FEC ID number of contributing federal political committee. C			
Name of Employer EMCARE Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00		

Full Name (Last, First, Middle Initial) B. Dr. Marilyn Joan Heine		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 900 Twining Rd		Transaction ID: 13119530	
City Dresher	State PA	Amount of Each Receipt this Period 400.00	
Zip Code 19025-1726			
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Suburban Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Jim Anthony Comes		Date of Receipt M M / D D / Y Y Y Y 03 / 06 / 2006	
Mailing Address 247 Goshen Ave		Transaction ID: 13117848	
City Clovis	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 93611-7098			
FEC ID number of contributing federal political committee. C			
Name of Employer Univ Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1015.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 57 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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)
Dr. James E Winslow, III

Mailing Address Wake Forest Univ Sch Med ED
Medical Center Blvd

City Winston Salem State NC Zip Code 27157-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest Univ Sch Med ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 13312014

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Kathleen Cowling

Mailing Address 3400 Midland Rd

City Saginaw State MI Zip Code 48603-9634

FEC ID number of contributing federal political committee. **C**

Name of Employer Covenant Healthcare Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
03 / 07 / 2006

Transaction ID: 13127630

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Bryce J Yerman

Mailing Address 660 NE Innes Ln

City Bend State OR Zip Code 97701-3844

FEC ID number of contributing federal political committee. **C**

Name of Employer St Charles Medical Center Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
03 / 10 / 2006

Transaction ID: 13316623

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional)	▶	1400.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 58 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. James S Potyka		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 228 Canada Verde		Transaction ID: 13316835	
City San Antonio	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 78232-1141		Amount of Each Receipt this Period 300.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00	
Name of Employer Baptist Health System	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Margaret A Brummer		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 55541 Lacey Ln		Transaction ID: 13316203	
City Bristol	State IN	Amount of Each Receipt this Period 200.00	
Zip Code 46507-9653		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00	
Name of Employer Elkhart Emer Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

Full Name (Last, First, Middle Initial) C. Dr. Vera Helena Masutti		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2006	
Mailing Address 2736 N Hampden # 108		Transaction ID: 13315946	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60614-1645		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Vera Helena Masutti, DO	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	750.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input 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)
Dr. Jeff Van Bendegom

Mailing Address
204 S Leonardwood #203

City State Zip Code
Highland Park IL 60035-5919

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Jeff Van Berdegom, MD Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 10 / 2006

Transaction ID: 13320051

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Eric Cortelyou Weintz

Mailing Address
1148 Windsor Way

City State Zip Code
Menlo Park CA 94025-5067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Stanford Univ Hosp ED 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
03 / 10 / 2006

Transaction ID: 13312650

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig Norquist

Mailing Address
9201 N 52nd Pl

City State Zip Code
Paradise Valley AZ 85253-1603

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Scottsdale Hosp 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
03 / 10 / 2006

Transaction ID: 13318697

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. Richard L Vermeer		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 27889 Bowker Dr		Transaction ID: 13444415	
City LeClaire	State IA	Amount of Each Receipt this Period 200.00	
Zip Code 52753-9780			
FEC ID number of contributing federal political committee. C			
Name of Employer Genesis Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Dr. James L McMullen, Jr		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2006	
Mailing Address 4320 Point Ct		Transaction ID: 13444338	
City Port Charlotte	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33948-9499			
FEC ID number of contributing federal political committee. C			
Name of Employer Med Ctr of Punta Gorda	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. David L Stewart		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 17439 Lakefield Rd		Transaction ID: 13417045	
City Round Hill	State VA	Amount of Each Receipt this Period 375.00	
Zip Code 20141-2419			
FEC ID number of contributing federal political committee. C			
Name of Employer Brody Sch Med ECU	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 875.00		

SUBTOTAL of Receipts This Page (optional) ▶	825.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 61 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Terence Fleming		Date of Receipt M M / D D / Y Y Y Y 03 / 17 / 2006	
Mailing Address 4616 Bartwood Dr		Transaction ID: 13417050	
City Raleigh	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 27613-7056		FEC ID number of contributing federal political committee. C	
Name of Employer Raleigh Emerg Med Assoc Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Samara E Kester		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address 2302 Sherwood Dr		Transaction ID: 13451872	
City Valparaiso	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 46385-2823		FEC ID number of contributing federal political committee. C	
Name of Employer Samara E Kester, DO, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Kristzina L Morin		Date of Receipt M M / D D / Y Y Y Y 03 / 20 / 2006	
Mailing Address PO Box 190		Transaction ID: 13452022	
City Columbia Falls	State ME	Amount of Each Receipt this Period 125.00	
Zip Code 04623-0190		FEC ID number of contributing federal political committee. C	
Name of Employer Down East Community Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	625.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Richard J Plunkett		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 2003 Evergreen Ct		Transaction ID: 13474539	
City Yakima	State WA	Amount of Each Receipt this Period 300.00	
Zip Code 98902-1200			
FEC ID number of contributing federal political committee. C			
Name of Employer Providence Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Dr. Audrey L Grant		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 12332 Quiet Hollow Ct		Transaction ID: 13453726	
City Fairfax	State VA	Amount of Each Receipt this Period 100.00	
Zip Code 22033-2916			
FEC ID number of contributing federal political committee. C			
Name of Employer Audrey L Grant, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

Full Name (Last, First, Middle Initial) C. Dr. David Robert Golan		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 7508 Via Fiorentino St		Transaction ID: 13453724	
City Las Vegas	State NV	Amount of Each Receipt this Period 100.00	
Zip Code 89131-0129			
FEC ID number of contributing federal political committee. C			
Name of Employer David Robert Golan, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Vera Helena Masutti		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2006	
Mailing Address 2736 N Hampden # 108		Transaction ID: 13474538	
City Chicago	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60614-1645		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Vera Helena Masutti, DO	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr. Peter Darrow Gowing		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 2450 Loma Vista Dr		Transaction ID: 13460335	
City Roseburg	State OR	Amount of Each Receipt this Period 1000.00	
Zip Code 97470-6142		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer Mercy Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Edwin Yi-chaio Hsu		Date of Receipt M M / D D / Y Y Y Y 03 / 22 / 2006	
Mailing Address 14740 SW 83rd Pl		Transaction ID: 13460348	
City Village of Palmett	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33158-1975		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Edwin Yi-chaio Hsu, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. Andrew Prechtel		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 1707 Sarong Pl		Transaction ID: 13460327	
City Winter Park	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 32792-6332			
FEC ID number of contributing federal political committee. C			
Name of Employer Florida Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Matthew Brent Underwood		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 9799 Diamond St		Transaction ID: 13474754	
City Yucaipa	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 92399-2943			
FEC ID number of contributing federal political committee. C			
Name of Employer CA Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Neil R Joebchen		Date of Receipt M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 3948 Skyline Rd		Transaction ID: 13460354	
City Carlsbad	State CA	Amount of Each Receipt this Period 250.00	
Zip Code 92008-2745			
FEC ID number of contributing federal political committee. C			
Name of Employer Tri-City Emer Medical Gro- up	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	1000.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 103
	<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) Dr. Larry Moore		Date of Receipt M M / D D / Y Y Y Y 03 / 27 / 2006	
Mailing Address 290 Crystal Park Rd		Transaction ID: 13484972	
City State Zip Code Manitou Spgs CO 80829-2841	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Front Range Emer Special-ists	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Dr. Ashley E Booth		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 3915 Riverside Ave		Transaction ID: 13521680	
City State Zip Code Jacksonville FL 32205-9336	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Shands Jacksonville ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Matthew J Walsh		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 3277 Mountain Walk Dr		Transaction ID: 13488081	
City State Zip Code El Paso TX 79904-3502	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Thomason General Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Kelly Foley		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 1133 Pond Cypress Dr		Transaction ID: 13541242	
City Virginia Bch	State VA	Zip Code 23455-6859	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Phys of Tidewater	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. James R Dudley		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address PO Box 488		Transaction ID: 13540839	
City Gloucester	State VA	Zip Code 23061-0488	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Riverside Tappahannock Hospital	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. L Anthony Cirillo		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 91 Woodridge Dr		Transaction ID: 13540413	
City Saunderstown	State RI	Zip Code 02874-1943	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rhode Island Dept of Hlth	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Frederick C Blum		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 1470 Point Marion Rd		Transaction ID: 13521602	
City Morgantown	State WV	Zip Code 26508-1454	Amount of Each Receipt this Period 83.00
FEC ID number of contributing federal political committee. C			
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.00		

Full Name (Last, First, Middle Initial) B. Dr. Michael Joseph Gerardi		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 29 Heritage Ct		Transaction ID: 13541742	
City Randolph	State NJ	Zip Code 07869-3534	Amount of Each Receipt this Period 112.50
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Medical Associa- tes	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 237.50		

Full Name (Last, First, Middle Initial) C. Dr. Marsha D Ford		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006	
Mailing Address 6836 Alexander Rd		Transaction ID: 13541335	
City Charlotte	State NC	Zip Code 28270-2804	Amount of Each Receipt this Period 84.00
FEC ID number of contributing federal political committee. C			
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

SUBTOTAL of Receipts This Page (optional) ▶	279.50
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. John Agee		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 2507 Shannon Dr		Transaction ID: 13521355
City Valparaiso	State Zip Code IN 46383-2447	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Unity Phys Grp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Dr. Andrew I Bern		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 9846 NW 18th St		Transaction ID: 13521520
City Coral Springs	State Zip Code FL 33071-5826	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 82.00
Name of Employer Inphynet Team Hlth	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 246.00	

C. Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 3839 Brantley Place Cir		Transaction ID: 13521759
City Apopka	State Zip Code FL 32703-6855	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Kahang Lee Chan, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	432.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 69 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Fred Dennis		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 22287 Mullholland Dr Ste 187		Transaction ID: 13540540
City State Zip Code Calabasas CA 91302-5157	Amount of Each Receipt this Period 312.50	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 312.50
Name of Employer e-MSO Proven Solutions	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

Full Name (Last, First, Middle Initial) B. Dr. Michael C Christopher		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2006
Mailing Address 5129 N Saddle Rock Ln		Transaction ID: 13521909
City State Zip Code Phoenix AZ 85018-1828	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer St Josephs Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Gary David Wright		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 25937 Ravenwood Cir		Transaction ID: 13589992
City State Zip Code Daphne AL 36526-8236	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer South Baldwin Reg Med	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	662.50
TOTAL This Period (last page this line number only) ▶	662.50

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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) Dr. Virgil W Smaltz		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 36 Pinnacle Dr		Transaction ID: 13589988	
City Charleston	State WV	Amount of Each Receipt this Period 250.00	
Zip Code 25311-1315			
FEC ID number of contributing federal political committee. C			
Name of Employer Thomas Mem Hosp EMP of Kanawha	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

B. Full Name (Last, First, Middle Initial) Dr. Joseph G Servideo		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 4249 Featherstone Ln		Transaction ID: 13543027	
City The Plains	State VA	Amount of Each Receipt this Period 150.00	
Zip Code 20198-2112			
FEC ID number of contributing federal political committee. C			
Name of Employer Fauquier Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Dr. Angela Siler Fisher		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address Becks Woods 3 Yosemite Dr		Transaction ID: 13589167	
City Bear	State DE	Amount of Each Receipt this Period 100.00	
Zip Code 19701-3806			
FEC ID number of contributing federal political committee. C			
Name of Employer Christiana Care Hlth Svc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	500.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John B Moskow		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 2201 Plumbrook Dr		Transaction ID: 13542303	
City State Zip Code Austin TX 78746-6233	Amount of Each Receipt this Period 200.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Svc Partners	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Brian S Zachariah		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 3606 Acorn Wood Way		Transaction ID: 13589993	
City State Zip Code Houston TX 77059-3741	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Dept of Surgery ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Andrea L Green		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 5 Twin Springs Dr		Transaction ID: 13589967	
City State Zip Code Arlington TX 76016-4027	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Andrea L Green, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	550.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Robert D Greenberg		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 1707 Canyon Springs		Transaction ID: 13589968	
City Belton	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 76513-1044			
FEC ID number of contributing federal political committee. C			
Name of Employer Scott & White Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr. Marc K Allen		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address Barrington 485 Club Dr		Transaction ID: 13588973	
City Aurora	State OH	Amount of Each Receipt this Period 200.00	
Zip Code 44202-8564			
FEC ID number of contributing federal political committee. C			
Name of Employer Marc K Allen, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

Full Name (Last, First, Middle Initial) C. Dr. Jay Kaplan		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 300 Oak Ave		Transaction ID: 13589974	
City San Anselmo	State CA	Amount of Each Receipt this Period 85.00	
Zip Code 94960-2703			
FEC ID number of contributing federal political committee. C			
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 355.00		

SUBTOTAL of Receipts This Page (optional) ▶	535.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. Eric J Lavonas		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 507 Moncure Dr		Transaction ID: 13589976	
City Charlotte	State NC	Amount of Each Receipt this Period 75.00	
Zip Code 28209-3458			
FEC ID number of contributing federal political committee. C			
Name of Employer Carolinas Med Ctr ED MEB-3	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Dr. Mark R Riser		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 108 Balsamwood Ct		Transaction ID: 13589983	
City Cary	State NC	Amount of Each Receipt this Period 83.33	
Zip Code 27513-3456			
FEC ID number of contributing federal political committee. C			
Name of Employer Duke Univ Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.03		

Full Name (Last, First, Middle Initial) C. Dr. William Joel Meggs		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 103 Hidden Hills Dr		Transaction ID: 13589978	
City Greenville	State NC	Amount of Each Receipt this Period 84.00	
Zip Code 27858-8635			
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00		

SUBTOTAL of Receipts This Page (optional) ▶	242.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 / 103
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. John S Milne		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 530 Wilderness Peak Dr NW		Transaction ID: 13589981	
City Issaquah	State WA	Amount of Each Receipt this Period 250.00	
Zip Code 98027-5621		FEC ID number of contributing federal political committee. C	
Name of Employer John S Milne, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. David L Meyers		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 2301 Ken Oak Rd		Transaction ID: 13589979	
City Baltimore	State MD	Amount of Each Receipt this Period 100.00	
Zip Code 21209-4421		FEC ID number of contributing federal political committee. C	
Name of Employer EmCare Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. B P House		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006	
Mailing Address 7641 Glacier Creek Dr # 92		Transaction ID: 13589971	
City Roanoke	State IN	Amount of Each Receipt this Period 250.00	
Zip Code 46783-9246		FEC ID number of contributing federal political committee. C	
Name of Employer Lutheran Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 / 103
	(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) Dr. Julio C Silva		Date of Receipt
	Mailing Address 1731 Baybrook Ln		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2006
	City Naperville	State IL	Zip Code 60564-6174
	FEC ID number of contributing federal political committee. C		Transaction ID: 13589987
	Amount of Each Receipt this Period 250.00		
Name of Employer Julio C Silva, MD, FACEP		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

B.	Full Name (Last, First, Middle Initial) Dr. Cai Glushak		Date of Receipt
	Mailing Address 1432 W Catalpa Ave		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2006
	City Chicago	State IL	Zip Code 60640-1212
	FEC ID number of contributing federal political committee. C		Transaction ID: 13589468
	Amount of Each Receipt this Period 71.00		
Name of Employer Univ of Chicago Hosp ED		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 263.00	

C.	Full Name (Last, First, Middle Initial) Dr. Cheryl S Reynolds		Date of Receipt
	Mailing Address 996 Oakpoint Cir		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 03 / 29 / 2006
	City Apopka	State FL	Zip Code 32712-3706
	FEC ID number of contributing federal political committee. C		Transaction ID: 13589982
	Amount of Each Receipt this Period 100.00		
Name of Employer Florida Emergency Phys		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	421.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 103
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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) Dr. David William Ross		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address 15340 Raton Rd		Transaction ID: 13589985
City State Zip Code Colorado Spgs CO 80921-2140	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

B. Full Name (Last, First, Middle Initial) Dr. Robert Craig Rosenbloom		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2006
Mailing Address PO Box 5101		Transaction ID: 13589984
City State Zip Code Culver City CA 90231-5101	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer California Emerg Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

C. Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Joseph		Date of Receipt M M / D D / Y Y Y Y 03 / 31 / 2006
Mailing Address 14855 Tyler Mill Ct		Transaction ID: 13711964
City State Zip Code Haymarket VA 20169-2628	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jeffrey Alan Joseph, DO, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 / 103
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Dr. C Doyle Haynes		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 1146 County Rd 817		Transaction ID: 13691012	
City Nacogdoches	State TX	Zip Code 75964-4455	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mem Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey R Nickel		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 2300 N Black Oak Dr		Transaction ID: 13691071	
City Angola	State IN	Zip Code 46703-8195	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Professional Emerg Phys Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. David George Stilley		Date of Receipt M M / D D / Y Y Y Y Y 03 / 31 / 2006	
Mailing Address 2 Sugar Creek Ln		Transaction ID: 13691044	
City Waukee	State IA	Zip Code 50263-8144	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Mercy Hosp Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	300.00
TOTAL This Period (last page this line number only) ▶	77052.33

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

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

FOR LINE NUMBER: PAGE 78 / 103
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
785.37

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	0	6

Transaction ID: 13922018

Amount of Each Receipt this Period
785.37

JAN 06 SSB INTEREST

B. Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1821.11

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	8	/	2	0	0	6

Transaction ID: 13922015

Amount of Each Receipt this Period
1035.74

FEB 06 SSB INTEREST

C. Full Name (Last, First, Middle Initial)
SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3140.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	1	/	2	0	0	6

Transaction ID: 13922010

Amount of Each Receipt this Period
1319.56

SSB INTEREST MARCH 06

SUBTOTAL of Receipts This Page (optional)	3140.67
TOTAL This Period (last page this line number only)	3140.67

**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)

<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

Full Name (Last, First, Middle Initial) A. lee PAC		Transaction ID: 12155326 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 1 2 / 2 0 0 6
Mailing Address Leadership Encouraging Excellence 4451 Brookfield Corporate Drive, S		Amount of Each Disbursement this Period -5000.00
City Chantilly State VA Zip Code 20151	Purpose of Disbursement Void - lee PAC Candidate Name Category/Type 011	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Void - lee PAC

Full Name (Last, First, Middle Initial) B. Friends Of Mark Foley		Transaction ID: 12829161 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1316 Lake Victoria Dr		Amount of Each Disbursement this Period 1000.00
City Lake Worth State FL Zip Code 33461	Purpose of Disbursement Candidate Name Rep. Mark A. Foley Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Tim Murphy For Congress		Transaction ID: 12829940 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO Box 24551		Amount of Each Disbursement this Period 1000.00
City Pttsburgh State PA Zip Code 15234	Purpose of Disbursement Candidate Name Rep. Tim F. Murphy Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	-3000.00
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 80 / 103

<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

Full Name (Last, First, Middle Initial) A. Sensenbrenner Committee		Transaction ID: 12829939 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address PO Box 575		Amount of Each Disbursement this Period 1000.00
City Brookfield State WI Zip Code 53008	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. F. James Sensenbrenner, Jr.		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 5		

Full Name (Last, First, Middle Initial) B. Price For Congress		Transaction ID: 12829164 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address P.O. Box 425		Amount of Each Disbursement this Period 1500.00
City Roswell State GA Zip Code 30077	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Thomas Price		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 6		

Full Name (Last, First, Middle Initial) C. Battle Born Leadership PAC		Transaction ID: 12829464 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 1155 21st Street, NW Suite 300		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20036	Purpose of Disbursement 011 Category/Type	
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

<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

Full Name (Last, First, Middle Initial) A. PHILPAC		Transaction ID: 12829948 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 0 9 / 2 0 0 6
Mailing Address 104 Hume Avenue		Amount of Each Disbursement this Period 1000.00
City Alexandria State VA Zip Code 22301		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:		

Full Name (Last, First, Middle Initial) B. Keller For Congress		Transaction ID: 12916625 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 1453		Amount of Each Disbursement this Period 1000.00
City Orlando State FL Zip Code 32802		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: FL District: 8 2006 Primary		

Full Name (Last, First, Middle Initial) C. Schwarz For Congress		Transaction ID: 12916632 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City Battle Creek State MI Zip Code 49016		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: MI District: 7 2006 Primary		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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)

<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

Full Name (Last, First, Middle Initial) A. Pete-PAC		Transaction ID: 12916636 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1500.00
City Alexandria State VA Zip Code 22314	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Sorensen for Congress		Transaction ID: 12916570 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 1661		Amount of Each Disbursement this Period 2000.00
City Boise State ID Zip Code 22201	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sheila Sorensen		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Friends Of Rahm Emanuel		Transaction ID: 12916638 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 6 / 2 0 0 6
Mailing Address P.O. Box 101124		Amount of Each Disbursement this Period 1000.00
City Chicago State IL Zip Code 60610	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Rahm Emanuel		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

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)

<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) Jim Ramstad Volunteer Committee		Transaction ID: 12932792 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 0 6
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period -1000.00
City State Zip Code Minnetonka MN 55305	011 Category/ Type Void - Jim Ramstad Volunteer Committee	
Purpose of Disbursement Void - Jim Ramstad Volunteer Committee		
Candidate Name Rep. Jim M. Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 3	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

B. Full Name (Last, First, Middle Initial) Friends Of Lois Capps		Transaction ID: 12951544 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 23940		Amount of Each Disbursement this Period 1000.00
City State Zip Code Santa Barbara CA 93121	011 Category/ Type Void - Jim Ramstad Volunteer Committee	
Purpose of Disbursement		
Candidate Name Rep. Lois Capps		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

C. Full Name (Last, First, Middle Initial) Johnson For Congress Committee		Transaction ID: 12951541 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 500.00
City State Zip Code New Britain CT 06050	011 Category/ Type Void - Jim Ramstad Volunteer Committee	
Purpose of Disbursement		
Candidate Name Rep. Nancy L. Johnson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	500.00
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)

<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

Full Name (Last, First, Middle Initial) A. Johnson For Congress Committee		Transaction ID: 12951543 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P. O. Box 1986		Amount of Each Disbursement this Period 1000.00
City New Britain State CT Zip Code 06050	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Nancy L. Johnson	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 5	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General

Full Name (Last, First, Middle Initial) B. Pete Sessions For Congress 2006		Transaction ID: 12951547 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1500.00
City Dallas State TX Zip Code 75238	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Pete Sessions	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary

Full Name (Last, First, Middle Initial) C. Jerry Weller For Congress Inc.		Transaction ID: 12951587 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address P.O. Box 2368		Amount of Each Disbursement this Period 2000.00
City Joliet State IL Zip Code 60434	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Gerald C. Weller	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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

Full Name (Last, First, Middle Initial) A. Jon Kyl For U S Senate		Transaction ID: 12951536 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 2000.00
City Phoenix State AZ Zip Code 85064	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Sen. Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) B. KOMPAC		Transaction ID: 12951539 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address Keeping Our Majority PAC PO Box 20209		Amount of Each Disbursement this Period 5000.00
City Alexandria State VA Zip Code 22320	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. Kenny Marchant For Congress		Transaction ID: 12951551 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6
Mailing Address PO Box 110187		Amount of Each Disbursement this Period 1500.00
City Carrollton State TX Zip Code 75011	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Kenny Marchant		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	8500.00
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)

<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. Mike Thompson For Congress Full Name (Last, First, Middle Initial) Mailing Address 5429 Madison Avenue City Sacramento State CA Zip Code 95841 Purpose of Disbursement Candidate Name Rep. Michael Thompson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary		Transaction ID: 12951590 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 3 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
--	--	---

B. Lot Of People For Dave Obey Full Name (Last, First, Middle Initial) Mailing Address 525 Washington St PO Box 1322 City Wausau State WI Zip Code 54402 Purpose of Disbursement Candidate Name Rep. David R. Obey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 7 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary		Transaction ID: 13089779 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
---	--	---

C. Diana Degette For Congress Inc. Full Name (Last, First, Middle Initial) Mailing Address P.O. Box 61337 City Denver State CO Zip Code 80206 Purpose of Disbursement Candidate Name Rep. Diana DeGette Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 1 Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary		Transaction ID: 13089812 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6 Amount of Each Disbursement this Period 1000.00 011 Category/ Type
---	--	---

SUBTOTAL of Disbursements This Page (optional)	4000.00
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)

<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

Full Name (Last, First, Middle Initial) A. Democratic Congressional Campaign Committee		Transaction ID: 13089522 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 430 South Capitol Street		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. National Republican Congressional Committee		Transaction ID: 13089523 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 320 First Street, SW		Amount of Each Disbursement this Period 15000.00
City Washington State DC Zip Code 20003	Purpose of Disbursement Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Roskam For Congress Committee		Transaction ID: 13089519 Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2006
Mailing Address 423 W. Wesley Street		Amount of Each Disbursement this Period 1000.00
City Wheaton State IL Zip Code 60189	Purpose of Disbursement Candidate Name Mr. Peter Roskam Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 6	
Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary		

SUBTOTAL of Disbursements This Page (optional) ▶	31000.00
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)

<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

Full Name (Last, First, Middle Initial) A. Walden For Congress Inc		Transaction ID: 13089518 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address PO Box 1091		Amount of Each Disbursement this Period 2500.00
City Hood River State OR Zip Code 97031	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Greg Walden		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Jim Jordan For Congress		Transaction ID: 13089809 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 1 / 2 0 0 6
Mailing Address 1709 State Route 560 S		Amount of Each Disbursement this Period 2000.00
City Urbana State OH Zip Code 43078	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. James Jordan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 4	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Pallone For Congress		Transaction ID: 13211306 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address PO Box 3176		Amount of Each Disbursement this Period 1000.00
City Long Branch State NJ Zip Code 07740	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Frank Pallone, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 6	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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)

<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

Full Name (Last, First, Middle Initial) A. Friends Of Clay Shaw		Transaction ID: 13211494 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 2188 2600 Ne 14th. Street Causeway		Amount of Each Disbursement this Period 1000.00
City Fort Lauderdale State FL Zip Code 33303	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. E. Clay Shaw, Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	
State: FL District: 22		

Full Name (Last, First, Middle Initial) B. Pete Stark Re-Election Committee		Transaction ID: 13211393 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address P.O. Box 8331		Amount of Each Disbursement this Period 1000.00
City Fremont State CA Zip Code 94537	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Fortney Peter Stark		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	
State: CA District: 13		

Full Name (Last, First, Middle Initial) C. Jim Ramstad Volunteer Committee		Transaction ID: 13211457 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 1809 Plymouth Road South #310		Amount of Each Disbursement this Period 1000.00
City Minnetonka State MN Zip Code 55305	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Jim M. Ramstad		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	
State: MN District: 3		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 90 / 103

<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

Full Name (Last, First, Middle Initial) A. Andrews For Congress Committee		Transaction ID: 13211490 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 215 Fourth Avenue Suite 200		Amount of Each Disbursement this Period 1000.00
City Haddon Heights State NJ Zip Code 08035		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Rep. Robert E. Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Jon Kyl For U S Senate		Transaction ID: 13211194 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address PO Box 10246		Amount of Each Disbursement this Period 1000.00
City Phoenix State AZ Zip Code 85064		
Purpose of Disbursement	011 Category/ Type	
Candidate Name Sen. Jon Kyl		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) C. Senate Majority Fund		Transaction ID: 13211167 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address 507 Capitol Court, NE Suite 100		Amount of Each Disbursement this Period 5000.00
City Washington State DC Zip Code 20002		
Purpose of Disbursement	011 Category/ Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

<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

Full Name (Last, First, Middle Initial) A. Putnam For Congress		Transaction ID: 13211220 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Post Office Box 2257		Amount of Each Disbursement this Period 1000.00
City State Zip Code Bartow FL 33831	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Adam H. Putnam		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. John Sullivan For Congress Inc		Transaction ID: 13211406 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Post Office Box 470840		Amount of Each Disbursement this Period 1000.00
City State Zip Code Tulsa OK 74147	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. John Sullivan		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Hayes For Congress		Transaction ID: 13211445 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 8 / 2 0 0 6
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 2500.00
City State Zip Code Concord NC 28026	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Robin C. Hayes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

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)

<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

Full Name (Last, First, Middle Initial) A. Norwood For Congress		Transaction ID: 13410824 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address PO Box 499		Amount of Each Disbursement this Period 2500.00
City Evans State GA Zip Code 30809	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Charles W. Norwood		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Simmons For Congress		Transaction ID: 13410840 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 268 Drawer 271		Amount of Each Disbursement this Period 2000.00
City Stonington State CT Zip Code 06378	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Robert R. Simmons		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. TOMPAC		Transaction ID: 13410971 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address Together for Our Majority PO Box 16488		Amount of Each Disbursement this Period 5000.00
City Arlington State VA Zip Code 22215	011 Category/ Type	
Purpose of Disbursement		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	9500.00
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 93 / 103

<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

Full Name (Last, First, Middle Initial) A. Schwarz For Congress		Transaction ID: 13410838 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 2063		Amount of Each Disbursement this Period 1000.00
City State Zip Code Battle Creek MI 49016	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Joe Schwarz, M.D.		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 7		

Full Name (Last, First, Middle Initial) B. Stabenow For Us Senate		Transaction ID: 13410990 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1500.00
City State Zip Code East Lansing MI 48826	Purpose of Disbursement 011 Category/Type	
Candidate Name Sen. Debbie Stabenow		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2		

Full Name (Last, First, Middle Initial) C. Sweeney For Congress Inc		Transaction ID: 13410845 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address Post Office Box 1465		Amount of Each Disbursement this Period 1000.00
City State Zip Code Clifton Park NY 12065	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. John E. Sweeney		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 20		

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
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)

<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

Full Name (Last, First, Middle Initial) A. Tom Allen For Congress Committee		Transaction ID: 13410825 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 17766		Amount of Each Disbursement this Period 1000.00
City Portland State ME Zip Code 04112	Purpose of Disbursement 011 Category/Type	
Candidate Name Rep. Thomas H. Allen		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 1		

Full Name (Last, First, Middle Initial) B. Beilenson For Congress		Transaction ID: 13410846 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 5820 York Road Suite 205		Amount of Each Disbursement this Period 2000.00
City Baltimore State MD Zip Code 21212	Purpose of Disbursement 011 Category/Type	
Candidate Name Mr. Peter Beilenson		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 3		

Full Name (Last, First, Middle Initial) C. Sires For Congress		Transaction ID: 13410886 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 6050 Boulevard East Apt 6b		Amount of Each Disbursement this Period 2000.00
City West New York State NJ Zip Code 07093	Purpose of Disbursement 011 Category/Type	
Candidate Name Albio Sires		Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 13		

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)

<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

Full Name (Last, First, Middle Initial) A. Bilirakis For Congress		Transaction ID: 13410907 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address 610 S Boulevard		Amount of Each Disbursement this Period 2000.00
City Tampa State FL Zip Code 33606	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Mr. Gus Bilirakis		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 9	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Castor For Congress		Transaction ID: 13410918 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 5 / 2 0 0 6
Mailing Address PO Box 5419		Amount of Each Disbursement this Period 2000.00
City Tampa State FL Zip Code 33675	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Katherine Castor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Tammy Baldwin For Congress		Transaction ID: 13458306 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P O Box 696		Amount of Each Disbursement this Period 1000.00
City Madison State WI Zip Code 53701	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Tammy Baldwin		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

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)

<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

Full Name (Last, First, Middle Initial) A. Friends Of Sherrod Brown		Transaction ID: 13458296 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 2280 Kresge Drive Suite 800		Amount of Each Disbursement this Period 5000.00
City Amherst State OH Zip Code 44001		
Purpose of Disbursement		011 Category/ Type
Candidate Name Rep. Sherrod Brown		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) B. Marion Berry For Congress		Transaction ID: 13458303 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 8084		Amount of Each Disbursement this Period 1000.00
City Jonesboro State AR Zip Code 72403		
Purpose of Disbursement		011 Category/ Type
Candidate Name Rep. Marion Berry		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Anna Eshoo For Congress		Transaction ID: 13458309 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814		
Purpose of Disbursement		011 Category/ Type
Candidate Name Rep. Anna G. Eshoo		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 14	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	7000.00
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)

<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

Full Name (Last, First, Middle Initial) A. Heather Wilson For Congress		Transaction ID: 13458313 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Pete Sessions For Congress 2006		Transaction ID: 13458293 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 38585		Amount of Each Disbursement this Period 1000.00
City Dallas State TX Zip Code 75238	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Pete Sessions		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) C. Cantor For Congress		Transaction ID: 13458310 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address P. O. Box 17813		Amount of Each Disbursement this Period 2500.00
City Richmond State VA Zip Code 23226	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Eric I. Cantor		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 7	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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 98 / 103

<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

Full Name (Last, First, Middle Initial) A. Stabenow For Us Senate		Transaction ID: 13458300 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address PO Box 4945		Amount of Each Disbursement this Period 1000.00	
City East Lansing State MI Zip Code 48826	Purpose of Disbursement 011 Category/ Type	Candidate Name Sen. Debbie Stabenow	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General		

Full Name (Last, First, Middle Initial) B. Mary Bono Committee		Transaction ID: 13458305 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address P.O. Box 3370		Amount of Each Disbursement this Period 1000.00	
City Palm Springs State CA Zip Code 92263	Purpose of Disbursement 011 Category/ Type	Candidate Name Rep. Mary Bono	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary		

Full Name (Last, First, Middle Initial) C. Pete-PAC		Transaction ID: 13458302 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6	
Mailing Address 815 Slaters Lane		Amount of Each Disbursement this Period 1000.00	
City Alexandria State VA Zip Code 22314	Purpose of Disbursement 011 Category/ Type	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
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 99 / 103

<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

Full Name (Last, First, Middle Initial) A. Hayes For Congress		Transaction ID: 13458291 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address Post Office Box 2000		Amount of Each Disbursement this Period 2500.00
City State Zip Code Concord NC 28026	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Robin C. Hayes		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 8	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Friends Of Joe Pitts		Transaction ID: 13458304 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 2 / 2 0 0 6
Mailing Address PO Box 775		Amount of Each Disbursement this Period 1000.00
City State Zip Code Unionville PA 19375	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Joseph R. Pitts		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) C. Nathan Deal For Congress		Transaction ID: 13540804 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 902		Amount of Each Disbursement this Period 2500.00
City State Zip Code Gainesville GA 30503	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Nathan Deal		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

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 Page

FOR LINE NUMBER:
(check only one)

PAGE 100 / 103

<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

Full Name (Last, First, Middle Initial) A. Dave Wu For Congress		Transaction ID: 13540538 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address 818 Sw 3rd St #1182		Amount of Each Disbursement this Period 1000.00
City Portland State OR Zip Code 97205	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. David Wu		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

Full Name (Last, First, Middle Initial) B. Heather Wilson For Congress		Transaction ID: 13541373 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 14070		Amount of Each Disbursement this Period 2000.00
City Albuquerque State NM Zip Code 87191	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Heather A. Wilson		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 1	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) C. Chocola For Congress Inc		Transaction ID: 13550543 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 9 / 2 0 0 6
Mailing Address PO Box 6728		Amount of Each Disbursement this Period 1000.00
City South Bend State IN Zip Code 46660	011 Category/ Type	
Purpose of Disbursement		
Candidate Name Rep. Christopher Chocola		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 2	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 Primary	

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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 101 / 103

<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

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

Transaction ID: 13541228

Date of Disbursement

Mailing Address Post Office Box 80126

^M 0	^M 3	/	^D 2	^D 9	/	^Y 2	^Y 0	^Y 0	^Y 6
----------------	----------------	---	----------------	----------------	---	----------------	----------------	----------------	----------------

City State Zip Code
Lafayette LA 70598

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
Mr. Charles Boustany

Office Sought: House
 Senate
 President
State: LA District: 7

Disbursement For: 2006
 Primary General
 Other (specify) ▼
2006 Primary

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

126500.00

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 102 / 103

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

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. CHASE BANK		Transaction ID: 12155323 Date of Disbursement
Mailing Address 545 EAST JOHN CARPENTER FRWY		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City IRVING	State TX	Zip Code 75062
Purpose of Disbursement 2005 FIT	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	2005 FIT	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) B. CHASE BANK		Transaction ID: 13922163 Date of Disbursement
Mailing Address 545 EAST JOHN CARPENTER FRWY		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City IRVING	State TX	Zip Code 75062
Purpose of Disbursement JAN 06 CHASE BANK FEES	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	JAN 06 CHASE BANK FEES	

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial) C. CHASE BANK		Transaction ID: 13922162 Date of Disbursement
Mailing Address 545 EAST JOHN CARPENTER FRWY		<input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="6"/>
City IRVING	State TX	Zip Code 75062
Purpose of Disbursement FEB 06 CHASE BANK FEES	<input type="text" value="001"/> Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	FEB 06 CHASE BANK FEES	

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2452.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 103 / 103

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

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

NAME OF COMMITTEE (In Full)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City IRVING State TX Zip Code 75062

Purpose of Disbursement
MAR 06 CHASE BANK FEES

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 13922036

Date of Disbursement

03 / 31 / 2006

Amount of Each Disbursement this Period

213.40

MAR 06 CHASE BANK FEES

SUBTOTAL of Disbursements This Page (optional) ►

213.40

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

2665.60