

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER 12FB4M5

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

ADDRESS (number and street) 555 East Wells Street, Suite 1100 Check if different than previously reported. (ACC) Milwaukee WI 53202-3823

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1), July 15 Quarterly Report (Q2), October 15 Quarterly Report (Q3), January 31 Year-End Report (YE), July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on 11/04/2014 in the State of WI

5. Covering Period 10/16/2014 through 11/24/2014

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 Mr. Kevin Beier

Signature of Treasurer [Handwritten Signature] Date 12/02/2014

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From:

10 / 16 / 2014

To:

11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		244754.95
(b) Cash on Hand at Beginning of Reporting Period.....	266152.98	
(c) Total Receipts (from Line 19).....	14343.81	38493.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	280496.79	283248.55
7. Total Disbursements (from Line 31).....	0.00	2751.76
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	280496.79	280496.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Report Covering the Period: From:

MM / DD / YYYY  
10 / 16 / 2014

To:

MM / DD / YYYY  
11 / 24 / 2014

**I. Receipts**

**COLUMN A**  
Total This Period

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

11. Contributions (other than loans) From:

(a) Individuals/Persons Other Than Political Committees

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

7300.00

20700.00

(ii) Unitemized.....

7010.00

17481.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

14310.00

38181.00

(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).....▶

14310.00

38181.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

33.81

312.60

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5).....

0.00

0.00

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

0.00

0.00

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

14343.81

38493.60

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

14343.81

38493.60

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	251.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	251.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)):	0.00	2751.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	2751.76

FROM FINANCIAL STATEMENTS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	14310.00	38181.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	14310.00	38181.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	251.76
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	251.76

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

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

FOR LINE NUMBER: PAGE 6 OF 16  
(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Stephen H Andersen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12202 E. Gary Road  
 City State Zip Code  
 Scottsdale AZ 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 10 / 16 / 2014  
 Transaction ID : SA11AI.4841  
 Amount of Each Receipt this Period  
 250.00

**B. Dr. Peter G. Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 West Oceanfront  
 City State Zip Code  
 Newport Beach CA 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fountain Valley Regional Hospital Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 10 / 31 / 2014  
 Transaction ID : SA11AI.4843  
 Amount of Each Receipt this Period  
 250.00

**C. Dr. Jeffrey R. Barnes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7606 NW 50th Court  
 City State Zip Code  
 Coral Springs FL 33067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Coral Springs Medical Center Physician  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 10 / 27 / 2014  
 Transaction ID : SA11AI.4845  
 Amount of Each Receipt this Period  
 250.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 7 OF 16  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Dr. Robert J. Darzynkiewicz**

Full Name (Last, First, Middle Initial)  
Mailing Address 16151 Woodbridge Court

City Truckee	State CA	Zip Code 96161
-----------------	-------------	-------------------

Date of Receipt: 10 / 31 / 2014  
Transaction ID : SA11AI.4846

FEC ID number of contributing federal political committee.  C

Amount of Each Receipt this Period: 250.00

Name of Employer: Renown Regional Medical Center  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 500.00

**B. Dr. Jerry E. Davis**

Full Name (Last, First, Middle Initial)  
Mailing Address 10975 Ashland Way

City Shreveport	State LA	Zip Code 71106
--------------------	-------------	-------------------

Date of Receipt: 11 / 05 / 2014  
Transaction ID : SA11AI.4848

FEC ID number of contributing federal political committee.  C

Amount of Each Receipt this Period: 250.00

Name of Employer: Willis-Knighton Pierremont  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

**C. Timothy Dougherty**

Full Name (Last, First, Middle Initial)  
Mailing Address 620 Coral Drive

City Cape Coral	State FL	Zip Code 33904-5908
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Date of Receipt: 10 / 31 / 2014  
Transaction ID : SA11AI.4849

FEC ID number of contributing federal political committee.  C

Amount of Each Receipt this Period: 250.00

Name of Employer: Cape Coral Emergency Physician  
Occupation: Medical Doctorawoznicki

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 16  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Dr. Louis J. Durkin**

Full Name (Last, First, Middle Initial)  
Mailing Address 436 Pinewood Dr

City Longmeadow	State MA	Zip Code 01106
--------------------	-------------	-------------------

Date of Receipt: MM / DD / YYYY  
11 / 05 / 2014  
Transaction ID : SA11AI.4851

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

Amount of Each Receipt this Period: 250.00

Name of Employer Mercy Medical Center	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

**B. David Farcy**

Full Name (Last, First, Middle Initial)  
Mailing Address 6515 Collins Avenue Apt. 1805

City Miami Beach	State FL	Zip Code 33141
---------------------	-------------	-------------------

Date of Receipt: MM / DD / YYYY  
10 / 22 / 2014  
Transaction ID : SA11AI.4852

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

Amount of Each Receipt this Period: 300.00

Name of Employer Mount Sinai Medical Center	Occupation
--	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 300.00

**C. Dr. Brandon J. Fumanti**

Full Name (Last, First, Middle Initial)  
Mailing Address 118 Connetquot Dr

City Oakdale	State NY	Zip Code 11769
-----------------	-------------	-------------------

Date of Receipt: MM / DD / YYYY  
10 / 20 / 2014  
Transaction ID : SA11AI.4854

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

Amount of Each Receipt this Period: 250.00

Name of Employer North Shore-LIJ Health System	Occupation Physician
---	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼: 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Robert Bruce Genzel</b>		Date of Receipt MM / DD / YYYY 10 / 21 / 2014
Mailing Address 1305 Bent Creek Drive		Transaction ID : SA11AI.4855
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Harris Methodist Hospital	Occupation Medical Doctor	
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>B. Dr. Mark J. Harrell</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2014
Mailing Address 470 Ashland Oaks Drive		Transaction ID : SA11AI.4857
City Morristown	State TN	Zip Code 37813-1067
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self-Employed	Occupation 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>C. Dr. Michael A. Huott</b>		Date of Receipt MM / DD / YYYY 11 / 12 / 2014
Mailing Address PO Box 17547		Transaction ID : SA11AI.4861
City San Antonio	State TX	Zip Code 78217
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer GSEP, P.A.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. David Kelton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15W740 Lexington Street  
City Elmhurst State IL Zip Code 60126  
FEC ID number of contributing federal political committee. **C**  
Name of Employer OSF Saint Anthony Medical Cent Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 20 / 2014  
Transaction ID : SA11AI.4862  
Amount of Each Receipt this Period  
**250.00**

**B. Kenneth Koster**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5550 William Henry Harrison Lane  
City Cincinnati State OH Zip Code 45243-3941  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fairfield Hospital Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 23 / 2014  
Transaction ID : SA11AI.4863  
Amount of Each Receipt this Period  
**250.00**

**C. Dr. Jose Abraham Lopez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 Twin Hills  
City El Paso State TX Zip Code 79912  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EmCare Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 20 / 2014  
Transaction ID : SA11AI.4865  
Amount of Each Receipt this Period  
**250.00**

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

11/10/14 11:11 AM

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 16
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Dr. Eric D. Lucas</b>		Date of Receipt
Mailing Address 5900 Olde Oak View Dr		<input type="text" value="10"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City State Zip Code Ocean Springs MS 39564-1410		Transaction ID : SA11AI.4867
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation ER Group LTD Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>B. Dr. Jennifer A. Martin</b>		Date of Receipt
Mailing Address 164 Juniper Dr		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City State Zip Code Avon CT 06001		Transaction ID : SA11AI.4869
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Kings County Hospital Center Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) <b>C. Dr. Edgar McPherson</b>		Date of Receipt
Mailing Address 895 Heron Ridge Road		<input type="text" value="11"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City State Zip Code Winston Salem NC 27106		Transaction ID : SA11AI.4871
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Novant Health Forsyth Emergency Servic Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼
		<input type="text" value="250.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 16  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Nishit Mehta**

Full Name (Last, First, Middle Initial)  
Mailing Address 4089 Saint Theresa Blvd

City Avon State OH Zip Code 44011

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

Name of Employer Self Employed Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 27 / 2014**  
Transaction ID : SA11AI.4872

Amount of Each Receipt this Period **250.00**

**B. Keith Messner**

Full Name (Last, First, Middle Initial)  
Mailing Address 3129 Hampton Ridge Road

City Fayetteville State NC Zip Code 28311

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

Name of Employer Cape Fear Valley Health Occupation Medical Doctor

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 22 / 2014**  
Transaction ID : SA11AI.4873

Amount of Each Receipt this Period **250.00**

**C. Dr. Joseph C. Munafa**

Full Name (Last, First, Middle Initial)  
Mailing Address 1901 Coral Heights Blvd

City Oakland Park State FL Zip Code 33308

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

Name of Employer Holy Cross Hospital Occupation Physician

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 20 / 2014**  
Transaction ID : SA11AI.4875

Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 16
	(check only one)	
	<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

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Dr. Donnell S. Newman Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2630 Bissonnet Apt 5101  
 City Houston State TX Zip Code 77005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hays Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 18 / 2014**  
 Transaction ID : SA11AI.4877  
 Amount of Each Receipt this Period **250.00**

**B. Dr. James A. Newman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Easy Street  
 City Pasco State WA Zip Code 99301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kennewick Emergency Physicians Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 04 / 2014**  
 Transaction ID : SA11AI.4879  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Michael S. Ritter**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 Poppy Avenue  
 City Corona Del Mar State CA Zip Code 92625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 28 / 2014**  
 Transaction ID : SA11AI.4881  
 Amount of Each Receipt this Period **500.00**

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

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

**1000.00**

ORIGINAL - UNFILED - WASH

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

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

FOR LINE NUMBER: PAGE 14 OF 16  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Dirk Schrader**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Canterbury Lane  
 City Alpharetta State GA Zip Code 30004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 07 / 2014**  
 Transaction ID : SA11AI.4882  
 Amount of Each Receipt this Period **250.00**

**B. St. Francis Hospital**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Emergency Department  
 100 Port Washington Boulevard  
 City Roslyn State NY Zip Code 11576-1353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer St. Francis Hospital Occupation Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 28 / 2014**  
 Transaction ID : SA11AI.4859  
 Amount of Each Receipt this Period **250.00**

**C. Dr. Kenneth C. Stewart**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2403 S. County Lane 124  
 City Carthage State MO Zip Code 64836  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Saint Johns Regional Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **11 / 05 / 2014**  
 Transaction ID : SA11AI.4884  
 Amount of Each Receipt this Period **250.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 OF 16	
	(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"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A.** Full Name (Last, First, Middle Initial)  
Dr. Brian J. Wieczorek

Mailing Address 513 Route 259

City Ligonier State PA Zip Code 15658

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

Name of Employer IvanStoker, LLC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
 11 / 03 / 2014  
 Transaction ID : SA11AI.4885

Amount of Each Receipt this Period  
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	7300.00

CONTINUED ON REVERSE

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 16
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. BMO Harris Bank NA</b>		Date of Receipt
Mailing Address N14 W23999 Stone Ridge Drive		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
Waukesha	WI	53188
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Transaction ID : SA17.4840
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period
Aggregate Year-to-Date ▼		<input type="text"/> 33.81
		Interest Earned on Account
		<input type="text"/>

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>
Aggregate Year-to-Date ▼		<input type="text"/>

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text"/> C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer		Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="text"/>
Aggregate Year-to-Date ▼		<input type="text"/>

SUBTOTAL of Receipts This Page (optional).....	<input type="text"/> 33.81
TOTAL This Period (last page this line number only).....	<input type="text"/> 33.81

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