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February 15th 2011

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Federal Election Commission

Attn: Allen Norfleet, Senior Campaign Finance Analyst
Reports Analysis Division
999 E. Street NW
Washington, D.C. 20463

Dear Mr. Norfleet,

The American Academy of Emergency Medicine PAC (ID # C00324780) recently received a letter from you requesting some updated banking information on our Statement of Organization. A copy of this letter is included as a reference.

Enclosed is an updated Statement of Organization which includes the updated banking information as requested.

If you have any questions or concerns, please follow up with Kay Whalen, our Custodian of Records.

Thank you.

Sincerely,

William R. Little, MD FAAEM

Enclosures

American Academy of Emergency Medicine

555 E. Wells St., Suite 1100, Milwaukee, WI 53202-3823

phone: 1-800-884-AAEM • fax: 414-276-3349 • e-mail: info@aaem.org • website: www.aaem.org

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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

American Academy of Emergency Medicine PAC

ADDRESS (number and street)

555 East Wells Street Suite 1100

(Check if address
is changed)

Milwaukee

WI

53202

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address
is changed)

info@aaem.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

WWW

(Check if address
is changed)

www.aaem.org/aaempac

2. DATE

02 / 15 / 2011

3. FEC IDENTIFICATION NUMBER

C 00324780

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

William R. Little, MD FAAEM

Signature of Treasurer

Date

02 / 15 / 2011

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

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

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5. TYPE OF COMMITTEE

Candidate Committee:

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate Party Affiliation Office Sought: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
 - Corporation Corporation w/o Capital Stock Labor Organization
 - Membership Organization Trade Association Cooperative
 - In addition, this committee is a Lobbyist/Registrant PAC.
- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<input type="checkbox"/>
2.	_____	FEC ID number	<input type="checkbox"/>
3.	_____	FEC ID number	<input type="checkbox"/>
4.	_____	FEC ID number	<input type="checkbox"/>

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Write or Type Committee Name

American Academy of Emergency Medicine PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

American Academy of Emergency Medicine

Mailing Address

555 East Wells Street Suite 1100

Milwaukee WI 53202

CITY

STATE

ZIP CODE

Relationship: [X] Connected Organization [] Affiliated Committee [] Joint Fundraising Representative [] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Kay Whalen

Mailing Address 555 East Wells Street Suite 1100

Milwaukee WI 53202

Title or Position

CITY

STATE

ZIP CODE

Organizational Director Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer William R. Little, MD FAAEM

Mailing Address 3806 New Highway 96 W

Franklin TN 37064 4716

CITY

STATE

ZIP CODE

Title or Position

Treasurer Telephone number

11030580378

Full Name of Designated Agent

[]

Mailing Address

[]

[]

[] - [] - []

CITY

STATE

ZIP CODE

Title or Position

[]

Telephone number

[] - [] - []

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

M&I Bank []

Mailing Address

770 N. Water Street []

[]

Milwaukee [] WI [] 53202 [] - []

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Capital One Direct Banking []

Mailing Address

PO Box 4197 []

[]

Houston [] TX [] 77210 [] - [] 4197 []

CITY

STATE

ZIP CODE

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

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>2/15/11</i>
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<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>CMJ</i> PREPARER	<i>2/24/11</i> DATE PREPARED