

# 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  
**3. IS THIS REPORT**  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIPCODE

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ 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 04 01 2010 through 06 30 2010

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

Type or Print Name of Treasurer Phyllis Edans, CPA, CAE

Signature of Treasurer Electronically Filed by Phyllis Edans, CPA, CAE Date 04 15 2010

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									
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**FEC FORM 3X**  
(Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Emergency Medicine Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		815920.52
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	602064.62									
(c) Total Receipts (from Line 19) .....	354189.85	461096.64								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	956254.47	1277017.16								
7. Total Disbursements (from Line 31) .....	260085.13	474057.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	696169.34	802959.29								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
National Emergency Medicine Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	208586.50	462069.64
(ii) Unitemized .....	145229.66	359886.34
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	353816.16	460640.99
(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) .....	353816.16	460640.99
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.) .....	373.69	455.65
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)) .....	354189.85	461096.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	354189.85	461096.64

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	257000.00	469500.00
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 .....	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.....	3085.13	4557.87
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))..	260085.13	474057.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	260085.13	474057.87

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	353816.16	460640.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	353816.16	460640.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 210  
(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)  
Miguel A A Acevedo Segui

Mailing Address 2326 Longmoore Ct

City State Zip Code  
Orlando FL 32835-5962

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C925265

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 7031 Hiawassee Outlook Dr

City State Zip Code  
Orlando FL 32835

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

Name of Employer Occupation  
Florida Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947276

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 485 Club Dr  
Barrington

City State Zip Code  
Aurora OH 44202-8564

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

Name of Employer Occupation  
Dr. Marc K Allen Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C928866

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**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: (check only one)	PAGE 7 / 210
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Marc K K Allen	Date of Receipt MM / DD / YYYY 05 / 27 / 2010
	Mailing Address 485 Club Dr Barrington	<b>Transaction ID:</b> C930258
	City Aurora State OH Zip Code 44202-8564	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Dr. Marc K Allen 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>B.</b>	Full Name (Last, First, Middle Initial) Michael John Ameres	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 60 Highview Dr	<b>Transaction ID:</b> C947734
	City Sag Harbor State NY Zip Code 11963-2904	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	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 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Madeline Marie Marie Aponte Aponte Lopez	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 2222 Medical District Dr #4202	<b>Transaction ID:</b> C947705
	City Dallas State TX Zip Code 75235-8050	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Dr. Madeline Marie Aponte Lopez Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1100.00</b>
<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 8 / 210
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Seeta Arjun		Date of Receipt MM / DD / YYYY 05 / 27 / 2010		
	Mailing Address 18 E Laurel Rd		<b>Transaction ID:</b> C930111		
	City Stratford	State NJ	Zip Code 08084-1327	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer UMDNJ	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Robert D D Arnce, Jr		Date of Receipt MM / DD / YYYY 06 / 30 / 2010		
	Mailing Address 1225 W Fountain Rd		<b>Transaction ID:</b> C947699		
	City Joplin	State MO	Zip Code 64801-7329	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Robert D Arnce, Jr	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>C.</b>	Full Name (Last, First, Middle Initial) Crystal Arthur		Date of Receipt MM / DD / YYYY 05 / 25 / 2010		
	Mailing Address 906 Rowland		<b>Transaction ID:</b> C926264		
	City Leonard	State MI	Zip Code 48367-2212	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<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 9 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steven E E Arze

Mailing Address 1125 Waterside Cir

City State Zip Code  
Rockwall TX 75087-6007

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

Name of Employer EmCare Occupation  
Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 0

Transaction ID: C943565

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Luke Luke Aswegan

Mailing Address 41 Forsythia Ln

City State Zip Code  
Bear DE 19701-6301

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

Name of Employer Union Hosp Occupation  
Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: C929382

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Sturdy Memf Hosp Occupation  
Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 0

Transaction ID: C908768

Amount of Each Receipt this Period

100.00

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

1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City Lexington State MA Zip Code 02420-2115

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

Name of Employer Sturdy Memf Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 05 / 22 / 2010  
Transaction ID: C922445  
Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City Lexington State MA Zip Code 02420-2115

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

Name of Employer Sturdy Memf Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 22 / 2010  
Transaction ID: C936704  
Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Rashid J J Baddoura

Mailing Address 120 Heights Rd

City Ridgewood State NJ Zip Code 07450-2412

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

Name of Employer Valley Hospital Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2010  
Transaction ID: C908799  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 11 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dominic Joseph Joseph Bagnoli, Jr

Mailing Address 50 E Dr

City State Zip Code  
Hartville OH 44632-8890

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

Name of Employer Occupation  
Emer Med Phys Ltd Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2010

**Transaction ID:** C908882

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code  
Midlothian VA 23113-6047

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

Name of Employer Occupation  
Henrico Doctor's Hospital Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913288

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code  
Midlothian VA 23113-6047

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

Name of Employer Occupation  
Henrico Doctor's Hospital Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926280

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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: (check only one)	PAGE 12 / 210
	<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)  
National Emergency Medicine Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes	Date of Receipt MM / DD / YYYY 05 / 25 / 2010
	Mailing Address 14541 Sarum Ter	<b>Transaction ID:</b> C929319
	City State Zip Code Midlothian VA 23113-6047	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Henrico Doctor's Hospital Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Tamera Counts Counts Barnes	Date of Receipt MM / DD / YYYY 06 / 29 / 2010
	Mailing Address 14541 Sarum Ter	<b>Transaction ID:</b> C947280
	City State Zip Code Midlothian VA 23113-6047	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Henrico Doctor's Hospital Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Brien Alfred Alfred Barnewolt	Date of Receipt MM / DD / YYYY 04 / 28 / 2010
	Mailing Address 68 Greenlawn Ave	<b>Transaction ID:</b> C913289
	City State Zip Code Newton MA 02459-1714	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Tufts Med Ctr Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<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 13 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Markintosh Barthelemy

Mailing Address 754 Elmwood Ave # 1

City Buffalo State NY Zip Code 14222-1641

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

Name of Employer SUNY Buffalo Gen Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010

Transaction ID: C929220

Amount of Each Receipt this Period 500.00

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

Mailing Address 510 W 4th St

City Royal Oak State MI Zip Code 48067-2402

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

Name of Employer Sinai-Grace Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 13 / 2010

Transaction ID: C906277

Amount of Each Receipt this Period 1000.00

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

Mailing Address 9846 NW 18th St

City Coral Spgs State FL Zip Code 33071-5826

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

Name of Employer Inphynet Team Hlth Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 04 / 28 / 2010

Transaction ID: C913296

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1583.33

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

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

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

FOR LINE NUMBER: PAGE 14 / 210  
(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)  
Andrew I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 33071-5826

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

Name of Employer: Inphynet Team Hlth   Occupation: Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 05 / 25 / 2010  
Transaction ID: C926281  
Amount of Each Receipt this Period: 83.33

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

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 33071-5826

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

Name of Employer: Inphynet Team Hlth   Occupation: Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt: 06 / 29 / 2010  
Transaction ID: C947281  
Amount of Each Receipt this Period: 83.33

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

Mailing Address 99 Rt 37 West

City State Zip Code  
Toms River NJ 08755-6423

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

Name of Employer: Cmnty Med Ctr, ED   Occupation: Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: C929196  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 666.66

**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 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Stephen O Bernardon

Mailing Address 755 Hurstborne Ln

City State Zip Code  
Edgewood KY 41017-9602

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

Name of Employer St Elizabeth Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 16 / 2010

**Transaction ID:** C904507

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen O Bernardon

Mailing Address 755 Hurstborne Ln

City State Zip Code  
Edgewood KY 41017-9602

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

Name of Employer St Elizabeth Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** C929656

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Bernstein

Mailing Address 8 Fox Run Rd

City State Zip Code  
Pennington NJ 08534-9640

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926255

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Danny T T Berry

Mailing Address 3015 Keystone Dr

City State Zip Code  
Cape Girardeau MO 63701-1726

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

Name of Employer SE MO Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C929284

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Bessette

Mailing Address EMA  
651 W Mt Pleasant Ave

City State Zip Code  
Livingston NJ 07039-1600

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

Name of Employer EMA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** C935507

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
John D D Bibb

Mailing Address 16449 Akron St

City State Zip Code  
Pacific Plsds CA 90272-2304

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

Name of Employer Cedars Sinai Medical Center Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

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

**Transaction ID:** C906483

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Omar R R Billano

Mailing Address 2831 Shook Hill Cir

City Birmingham State AL Zip Code 35223-2618

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

Name of Employer Shelby Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2010  
**Transaction ID: C925264**  
 Amount of Each Receipt this Period 250.00

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

Mailing Address 3298 Kentshire Blvd

City Ocoee State FL Zip Code 34761-4621

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010  
**Transaction ID: C922616**  
 Amount of Each Receipt this Period 1000.00

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

Mailing Address 525 E Market St

City Akron State OH Zip Code 44304-1619

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

Name of Employer Summa Health System ED Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010  
**Transaction ID: C926234**  
 Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Joseph Tracy Tracy Bleier  
Mailing Address 4060 Tracy Ln

City Greenville State TX Zip Code 75402-5496

FEC ID number of contributing federal political committee. C

Name of Employer Dr. Joseph Tracy Bleier Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 26 / 2010  
Transaction ID: C912369  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick C C Blum  
Mailing Address 1470 Point Marion Rd

City Morgantown State WV Zip Code 26508-1454

FEC ID number of contributing federal political committee. C

Name of Employer RCB-HSC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 04 / 28 / 2010  
Transaction ID: C913365  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Frederick C C Blum  
Mailing Address 1470 Point Marion Rd

City Morgantown State WV Zip Code 26508-1454

FEC ID number of contributing federal political committee. C

Name of Employer RCB-HSC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 05 / 25 / 2010  
Transaction ID: C926282  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... 666.66

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 19 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City State Zip Code  
Morgantown WV 26508-1454

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

Name of Employer Occupation  
RCB-HSC Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
06 / 29 / 2010

Transaction ID: C947282

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Ethan A A Booker

Mailing Address 417 T St NW

City State Zip Code  
Washington DC 20001

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

Name of Employer Occupation  
Washington Hosp Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 19 / 2010

Transaction ID: C920735

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ashley E E Booth

Mailing Address Shands Jacksonville Educ  
655 W 8th St

City State Zip Code  
Jacksonville FL 32209-6511

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

Name of Employer Occupation  
Shands Jacksonville Educ 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  
04 / 28 / 2010

Transaction ID: C913366

Amount of Each Receipt this Period

250.00

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

1333.33

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 20 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

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

Name of Employer Occupation  
Med Univ of SC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913279

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

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

Name of Employer Occupation  
Med Univ of SC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926276

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

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

Name of Employer Occupation  
Med Univ of SC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947283

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

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

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

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

FOR LINE NUMBER: PAGE 21 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Shawn Martin Martin Borich

Mailing Address 16007 Pine Vale Pl

City State Zip Code  
Midlothian VA 23113-6392

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

Name of Employer Occupation  
Dr. Shawn Martin Borich Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

**Transaction ID:** C935200

Amount of Each Receipt this Period  
500.00

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

Mailing Address 6 Foxglove Ct

City State Zip Code  
Wynantskill NY 12198-7801

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

Name of Employer Occupation  
St Peters Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926239

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 121 NW Ivanhoe Blvd

City State Zip Code  
Orlando FL 32804-5958

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922634

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 22 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Harold E Boyd

Mailing Address 5301 81st Avenue Ct NW

City State Zip Code  
Gig Harbor WA 98335-6267

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

Name of Employer Tacoma Emergency Care Physicians  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: C947733

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Francis Boyle

Mailing Address 12505 Nathaniel Oaks Dr

City State Zip Code  
Oak Hill VA 20171-1732

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

Name of Employer BestPractices Inc  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

Transaction ID: C921475

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Alkesh Brahmhatt

Mailing Address 1441 Langham Ter

City State Zip Code  
Lake Mary FL 32746-1967

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  
05 / 21 / 2010

Transaction ID: C922656

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

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

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

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

FOR LINE NUMBER: PAGE 23 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Robert L L Brandt

Mailing Address 2228 Cascade Lakes Cir SE

City State Zip Code  
Grand Rapids MI 49546-6613

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

Name of Employer Synergy Med Education Alliance  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926250

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2228 Cascade Lakes Cir SE

City State Zip Code  
Grand Rapids MI 49546-6613

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

Name of Employer Synergy Med Education Alliance  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926251

Amount of Each Receipt this Period  
250.00

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

Mailing Address 12528 Sr 78

City State Zip Code  
Havana IL 62644-6866

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

Name of Employer OSF St Francis Med Ctr  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926235

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Sara Ann Ann Brown

Mailing Address 16131 Fackler Rd

City State Zip Code  
Monroeville IN 46773-9541

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2010

**Transaction ID:** C933063

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Travis R B R B Brownell

Mailing Address 30 Spanish Bay

City State Zip Code  
N Sioux City SD 57049-5447

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

Name of Employer Mercy Med Ctr Emer Med Dept Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** C921473

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Heather Crooks Crooks Bruner

Mailing Address 125 W Belvedere Rd Apt 104

City State Zip Code  
Norfolk VA 23505-4722

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

Name of Employer Riverside Regl Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

**Transaction ID:** C933428

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

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



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

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

FOR LINE NUMBER: PAGE 25 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Steven John John Brunetti

Mailing Address 416 W Church St

City Archbald State PA Zip Code 18403-1580

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

Name of Employer Emerg Serv PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 09 / 2010

Transaction ID: C904898

Amount of Each Receipt this Period 500.00

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

Mailing Address 2620 S 13th St Apt 202

City St Louis State MO Zip Code 63118-1838

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

Name of Employer Dr. Mablene Buggs Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 11 / 2010

Transaction ID: C917649

Amount of Each Receipt this Period 1000.00

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

Mailing Address 101 Willow Point Way

City Easley State SC Zip Code 29642-8272

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

Name of Employer Greenville Mem Hosp ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2010

Transaction ID: C933065

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph M M Bustamante, III  
Mailing Address 1529 Lake Dr

City State Zip Code  
Haslett MI 48840-8478

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

Name of Employer Occupation  
TCEP Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2010

Transaction ID: C933061

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Dwayne Dwayne Butler  
Mailing Address 317 Seaforth Dr

City State Zip Code  
Bakersfield CA 93312-7001

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

Name of Employer Occupation  
Dr. Jeffrey Dwayne Butler Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

Transaction ID: C935406

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Dwayne Dwayne Butler  
Mailing Address 317 Seaforth Dr

City State Zip Code  
Bakersfield CA 93312-7001

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

Name of Employer Occupation  
Dr. Jeffrey Dwayne Butler Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

Transaction ID: C935187

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy Calicott

Mailing Address 14623 Chambery Dr

City State Zip Code  
Little Rock AR 72211-5586

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

Name of Employer Occupation  
Conway Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** C931755

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy Calicott

Mailing Address 14623 Chambery Dr

City State Zip Code  
Little Rock AR 72211-5586

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

Name of Employer Occupation  
Conway Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** C950870

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
James William William Callaghan

Mailing Address 216 Rosa Ave

City State Zip Code  
Metairie LA 70005-3416

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

Name of Employer Occupation  
Dr. James William Callaghan Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 29 / 2010

**Transaction ID:** C913335

Amount of Each Receipt this Period  
100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
James William William Callaghan  
Mailing Address 216 Rosa Ave  
City Metairie State LA Zip Code 70005-3416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dr. James William Callaghan Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 06 / 02 / 2010  
Transaction ID: C929779  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
James William William Callaghan  
Mailing Address 216 Rosa Ave  
City Metairie State LA Zip Code 70005-3416  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dr. James William Callaghan Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 06 / 26 / 2010  
Transaction ID: C947273  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Jorge L L Cambo  
Mailing Address 1143 Raintree PI  
City Winter Park State FL Zip Code 32789-2563  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emer Phys Spec Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: C950868  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael L L Carius

Mailing Address Norwalk Hosp ED Chairman  
34 Maple St

City Norwalk State CT Zip Code 06850-3815

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

Name of Employer Norwalk Hosp Emerg Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2010  
Transaction ID: C903516  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 12106 Landings Blvd

City Berlin State MD Zip Code 21811-2752

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

Name of Employer Peninsula Regl Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2010  
Transaction ID: C931748  
Amount of Each Receipt this Period 250.00

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

Mailing Address 5408 NW 60th Terr

City Kansas City State MO Zip Code 64151-4394

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

Name of Employer North Kansas City Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 15 / 2010  
Transaction ID: C935209  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Matthew Caudle

Mailing Address 1624 Sagewood Dr

City State Zip Code  
Edmond OK 73013-2954

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

Name of Employer: Integris Baptist Medical Centre  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 05 / 17 / 2010  
**Transaction ID: C929140**  
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 1624 Sagewood Dr

City State Zip Code  
Edmond OK 73013-2954

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

Name of Employer: Integris Baptist Medical Centre  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 03 / 2010  
**Transaction ID: C950894**  
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 3839 Brantley PI Cir

City State Zip Code  
Apopka FL 32703-6855

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

Name of Employer: Dr. Kahang Lee Chan  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 05 / 21 / 2010  
**Transaction ID: C922640**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 210  
(check only one)

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

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Kahang Lee Lee Chan</p> <p>Mailing Address 3839 Brantley PI Cir</p> <p>City State Zip Code Apopka FL 32703-6855</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Dr. Kahang Lee Chan Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">2000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 18 / 2010</span></p> <p><b>Transaction ID:</b> C935788</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jason E E Cheatham</p> <p>Mailing Address 3351 Indian Dr</p> <p>City State Zip Code Portsmouth OH 45662-2408</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Southern Ohio Med Ctr Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 25 / 2010</span></p> <p><b>Transaction ID:</b> C926283</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Michael C C Christopher</p> <p>Mailing Address 6149 E Wilshire Dr</p> <p>City State Zip Code Scottsdale AZ 85257-1959</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation EMPower Emer Phys PC Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">04 / 28 / 2010</span></p> <p><b>Transaction ID:</b> C913364</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">125.00</span></p>
--	--

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1375.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 32 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Leonardo Cisneros

Mailing Address 5206 Overview Ct

City Orlando State FL Zip Code 32819-3853

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

Name of Employer FL Hosp Kissimmee Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010  
Transaction ID: C922631  
Amount of Each Receipt this Period 1000.00

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

Mailing Address Trinity Regl Hosp ED  
802 Kenyon Rd

City Ft Dodge State IA Zip Code 50501-5740

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

Name of Employer Trinity Regl Hosp ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 18 / 2010  
Transaction ID: C920260  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 2700 Dolbeer St

City Eureka State CA Zip Code 95501-4736

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

Name of Employer North Coast Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2010  
Transaction ID: C931734  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 210  
(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)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Kathleen Cowling

Mailing Address 3400 midland rd

City State Zip Code  
saginaw MI 48603-9634

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

Name of Employer Covenant Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

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

**Transaction ID:** C910236

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
David E E Custodio

Mailing Address 550 Oakmont Ln

City State Zip Code  
Aurora OH 44202-8596

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

Name of Employer Summa Emer Assocd Inc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

**Transaction ID:** C931737

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian J J Cutcliffe

Mailing Address 212 Chester St

City State Zip Code  
Menlo Park CA 94025-2520

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

Name of Employer Kaiser Hayward Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 0

**Transaction ID:** C905889

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**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 34 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Brian J J Cutcliffe

Mailing Address 212 Chester St

City State Zip Code  
Menlo Park CA 94025-2520

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

Name of Employer Occupation  
Kaiser Hayward 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 6 / 1 0 / 2 0 1 0

Transaction ID: C950843

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)

Randal L L Dabbs

Mailing Address 1431 Centerpoint Blvd Ste 100

City State Zip Code  
Knoxville TN 37932-1983

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

Name of Employer Occupation  
Team Health MidSouth Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

Transaction ID: C926232

Amount of Each Receipt this Period  
2000.00

**C.**

Full Name (Last, First, Middle Initial)

Mark J K J K Dalton

Mailing Address 13 Madeline Ct

City State Zip Code  
Farmingdale NJ 07727-3882

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

Name of Employer Occupation  
Jersey Emer Méd Spec 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 5 / 2 7 / 2 0 1 0

Transaction ID: C929197

Amount of Each Receipt this Period  
500.00

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

2550.00

**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 35 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Eric J J Daniel

Mailing Address 6134 Goliad Ave

City State Zip Code  
Dallas TX 75214-3630

FEC ID number of contributing federal political committee. C

Name of Employer EmCare      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

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

**Transaction ID:** C906478

Amount of Each Receipt this Period  
250.00

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

Mailing Address 6134 Goliad Ave

City State Zip Code  
Dallas TX 75214-3630

FEC ID number of contributing federal political committee. C

Name of Employer EmCare      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

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

**Transaction ID:** C945172

Amount of Each Receipt this Period  
100.00

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

Mailing Address 3507 Chuparosa Dr

City State Zip Code  
Santa Barbara CA 93105-2614

FEC ID number of contributing federal political committee. C

Name of Employer Los Robles Reg Med Ctr ED      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      225.00

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

**Transaction ID:** C906399

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... 475.00

**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 36 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Scott H H David

Mailing Address 966 Riverbrook Ct

City Toms River State NJ Zip Code 08753-4490

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

Name of Employer Jersey Emer Med Spec Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010  
**Transaction ID: C929191**  
Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark L L DeBard

Mailing Address 1834 Chateaugay Way

City Blacklick State OH Zip Code 43004-8001

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

Name of Employer OSU Hosp E Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2010  
**Transaction ID: C926272**  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Christie Del Castillo-Hegy

Mailing Address 700 La Veta Dr NE

City Albuquerque State NM Zip Code 87108-1408

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

Name of Employer Presbyterian Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 25 / 2010  
**Transaction ID: C926237**  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 210  
(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Christie Del Castillo-Hegyí		Date of Receipt MM / DD / YYYY 06 / 25 / 2010		
	Mailing Address 700 La Veta Dr NE		<b>Transaction ID:</b> C944623		
	City Albuquerque	State NM	Zip Code 87108-1408	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Presbyterian Hosp	Occupation Emergency Physician	Aggregate Year-to-Date 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Mini R R DeLashaw		Date of Receipt MM / DD / YYYY 04 / 26 / 2010		
	Mailing Address 3810 Elfland		<b>Transaction ID:</b> C912373		
	City Dallas	State TX	Zip Code 75229-3902	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Mini R DeLashaw	Occupation Emergency Physician	Aggregate Year-to-Date 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul DePonte		Date of Receipt MM / DD / YYYY 05 / 21 / 2010		
	Mailing Address 107 Baytree Ct		<b>Transaction ID:</b> C922642		
	City Winter Spgs	State FL	Zip Code 32708-5122	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Paul DePonte	Occupation Emergency Physician	Aggregate Year-to-Date 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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

1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 38 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

H Scott Derstine

Mailing Address 510 W 4th St

City State Zip Code  
Royal Oak MI 48067-2402

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

Name of Employer Occupation  
Med Ctr Emer Svcs 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 5 / 1 5 / 2 0 1 0

Transaction ID: C918484

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Laurence R R DesRochers

Mailing Address 640 Harbor Rd

City State Zip Code  
Brick NJ 08724-4716

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

Name of Employer Occupation  
Comm Med Ctr ER/OP Svcs Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C929192

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jno Jacob Jacob Disch

Mailing Address 3892 Savoy Dr

City State Zip Code  
Fairview Park OH 44126-1766

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

Name of Employer Occupation  
Akron Gen Med Ctr 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 6 / 2 1 / 2 0 1 0

Transaction ID: C944986

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michelle C C DiVito

Mailing Address 2813 27th St NW

City Washington State DC Zip Code 20008-4129

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 28 / 2010  
Transaction ID: C913261  
Amount of Each Receipt this Period: 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Michelle C C DiVito

Mailing Address 2813 27th St NW

City Washington State DC Zip Code 20008-4129

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 17 / 2010  
Transaction ID: C942092  
Amount of Each Receipt this Period: 100.00

**C.**

Full Name (Last, First, Middle Initial)  
John J J Donadeo

Mailing Address 65 Parker Ave

City Manasquan State NJ Zip Code 08736-3005

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

Name of Employer Dr. John J Donadeo Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: C929219  
Amount of Each Receipt this Period: 500.00

**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 40 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Orland Edwin Donald

Mailing Address 32 Quail Run Rd

City State Zip Code  
Storrs Mansfield CT 06268-2768

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

Name of Employer Occupation  
NE Emergency Med Spec 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 6 / 2 4 / 2 0 1 0

Transaction ID: C950895

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc M M Dreier

Mailing Address 295 Richards Rd

City State Zip Code  
Ridgewood NJ 07450-1009

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

Name of Employer Occupation  
The Valley Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: C904820

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Brian Brian Dunne

Mailing Address 51800 9 Mile Rd

City State Zip Code  
Northville MI 48167-9773

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

Name of Employer Occupation  
St Joseph Mercy Hosp EM Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: C917652

Amount of Each Receipt this Period  
1000.00

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

3750.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul R Dwyer

Mailing Address 2490 Bluff Meadows Dr SE

City State Zip Code  
Grand Rapids MI 49546-7906

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

Name of Employer Metropolitan Hosp      Occupation 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 Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913278

Amount of Each Receipt this Period  
250.00

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

Mailing Address 201 N Lowell Ln  
Apt 226

City State Zip Code  
Austin TX 78733-4223

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

Name of Employer Wilford Hall Med Ctr ED      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 0 3 / 2 0 1 0

**Transaction ID:** C933669

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 215 E Meadowlane Rd

City State Zip Code  
Spokane WA 99224-9213

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

Name of Employer Spokane Emergency Physi-  
cians      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** C950867

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 42 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Jill R R Eckenberger

Mailing Address 10511 Wildbrooke Ct  
Apt 416

City State Zip Code  
Spotsylvania VA 22551-8912

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

Name of Employer Occupation  
Fredericksburg Emer Med 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 6 / 3 0 / 2 0 1 0

Transaction ID: C950892

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Irv E E Edwards

Mailing Address 111 N Sepulveda Ste 210  
Ste 210

City State Zip Code  
Manhattan Bch CA 90266-6849

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

Name of Employer Occupation  
Chino Valley Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913363

Amount of Each Receipt this Period  
2500.00

**C.**

Full Name (Last, First, Middle Initial)

Medhat El-Kharboutly

Mailing Address 8 Trinity Pl

City State Zip Code  
Toms River NJ 08753-2220

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

Name of Employer Occupation  
Community Medical Center ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C929188

Amount of Each Receipt this Period  
500.00

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

3250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 43 / 210  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Emile El-Shammaa

Mailing Address 287 Bristol Way

City State Zip Code  
Worthington OH 43085-3272

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

Name of Employer Occupation  
OH State Univ Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** C929232

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Emile El-Shammaa

Mailing Address 287 Bristol Way

City State Zip Code  
Worthington OH 43085-3272

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

Name of Employer Occupation  
OH State Univ Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

**Transaction ID:** C935218

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeff Engel

Mailing Address 528 North Blvd.

City State Zip Code  
Huntington WV 25701

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

Name of Employer Occupation  
Ashland Emergency Medical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 11 / 2010

**Transaction ID:** C917651

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2600.00**

**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 44 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Clifford Erickson  
 Mailing Address 31 Forest Dr  
 City Voorheesville State NY Zip Code 12186-9530  
 Date of Receipt 04 / 28 / 2010  
**Transaction ID: C913280**  
 Amount of Each Receipt this Period 83.33  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dr. Clifford Erickson Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 499.98

**B.** Full Name (Last, First, Middle Initial)  
Clifford Erickson  
 Mailing Address 31 Forest Dr  
 City Voorheesville State NY Zip Code 12186-9530  
 Date of Receipt 05 / 25 / 2010  
**Transaction ID: C926275**  
 Amount of Each Receipt this Period 83.33  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dr. Clifford Erickson Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 499.98

**C.** Full Name (Last, First, Middle Initial)  
Clifford Erickson  
 Mailing Address 31 Forest Dr  
 City Voorheesville State NY Zip Code 12186-9530  
 Date of Receipt 06 / 29 / 2010  
**Transaction ID: C947284**  
 Amount of Each Receipt this Period 83.33  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dr. Clifford Erickson Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 499.98

**SUBTOTAL** of Receipts This Page (optional) ..... ► 249.99  
**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 45 / 210  
(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)  
Angelo L L Falcone

Mailing Address Montgomery Emer Phys  
20251 Century Blvd Ste 130

City State Zip Code  
Germantown MD 20874-1199

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

Name of Employer Occupation  
Montgomery Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

Transaction ID: C933426

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Oliver Fannin, III

Mailing Address 807 Cedar Park Dr

City State Zip Code  
West Lake Hills TX 78746-4517

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

Name of Employer Occupation  
Dr. Oliver Fannin, III Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

Transaction ID: C925262

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Frank Joseph Joseph Fasullo, Jr

Mailing Address 1111 Woodland Dr

City State Zip Code  
El Lago TX 77586-6044

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

Name of Employer Occupation  
Frank J Fasulo Jr MD PA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2010

Transaction ID: C933062

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

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

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

FOR LINE NUMBER: PAGE 46 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Eric James James Feese

Mailing Address 179 Ambleside Ct

City State Zip Code  
Port Matilda PA 16870-7144

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

Name of Employer Occupation  
Centre Emerg Med Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 20 / 2010

**Transaction ID:** C908294

Amount of Each Receipt this Period  
500.00

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

Mailing Address 301 Fairway Dr

City State Zip Code  
New Orleans LA 70124-1020

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

Name of Employer Occupation  
LJ Chabert Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** C935564

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
John T Finnell, II

Mailing Address 8324 Tilly Mill Ln

City State Zip Code  
Indianapolis IN 46278-5037

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

Name of Employer Occupation  
Indiana Univ Schl of Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926271

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 210  
(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)  
Angela Siler Siler Fisher  
Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 28 / 2010  
Transaction ID: C913362  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Angela Siler Siler Fisher  
Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 25 / 2010  
Transaction ID: C926284  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Angela Siler Siler Fisher  
Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer: Greater Houston Emer Phys   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 29 / 2010  
Transaction ID: C947286  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 300.00

**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 48 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913274

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: C926279

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947287

Amount of Each Receipt this Period

83.33

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

249.99

**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 49 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

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

Name of Employer Occupation  
Covenant Med Grp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 549.96

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913361

Amount of Each Receipt this Period

91.66

**B.**

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

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

Name of Employer Occupation  
Covenant Med Grp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 549.96

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 0

Transaction ID: C929776

Amount of Each Receipt this Period

91.66

**C.**

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

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

Name of Employer Occupation  
Covenant Med Grp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 549.96

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947285

Amount of Each Receipt this Period

91.66

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

274.98

**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 50 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Deborah D D Fletcher

Mailing Address 209 Captain HM Shreve Blvd

City State Zip Code  
Shreveport LA 71115-2987

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

Name of Employer Emer Care Assoc      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  

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

**Transaction ID:** C933427

Amount of Each Receipt this Period  
300.00

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

Mailing Address 1133 Pond Cypress Dr

City State Zip Code  
Virginia Bch VA 23455-6859

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

Name of Employer Emer Phys of Tidewater      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      625.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	8	/	2	0	1	0

**Transaction ID:** C913360

Amount of Each Receipt this Period  
125.00

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

Mailing Address 1133 Pond Cypress Dr

City State Zip Code  
Virginia Bch VA 23455-6859

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

Name of Employer Emer Phys of Tidewater      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      625.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	0

**Transaction ID:** C926285

Amount of Each Receipt this Period  
125.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Johnnie Ford, Jr  
Mailing Address 5509 Bootjack Dr  
City State Zip Code  
Frederick MD 21702-2305  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Howard Univ Hosp Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt: 05 / 21 / 2010  
Transaction ID: C921477  
Amount of Each Receipt this Period 300.00

**B.** Full Name (Last, First, Middle Initial)  
Marsha D D Ford  
Mailing Address Carolinas Med Ctr ED  
PO Box 32861  
City State Zip Code  
Charlotte NC 28232-2861  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Carolinas Med Ctr ED Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00  
Date of Receipt: 05 / 25 / 2010  
Transaction ID: C926286  
Amount of Each Receipt this Period 84.00

**C.** Full Name (Last, First, Middle Initial)  
Marsha D D Ford  
Mailing Address Carolinas Med Ctr ED  
PO Box 32861  
City State Zip Code  
Charlotte NC 28232-2861  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Carolinas Med Ctr ED Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 252.00  
Date of Receipt: 06 / 29 / 2010  
Transaction ID: C947288  
Amount of Each Receipt this Period 42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 426.00  
**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 52 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas Webster Webster Fowlie, Jr

Mailing Address 32 Kingswood Ct

City Belle Mead State NJ Zip Code 08502-5227

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

Name of Employer Comm Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010

Transaction ID: C929194

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
Vidor E E Friedman

Mailing Address 13061 Water Pt Blvd

City Windermere State FL Zip Code 34786-5818

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010

Transaction ID: C922650

Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Vicki Kay Kay Friend

Mailing Address 5753 Aloma Woods Blvd

City Oviedo State FL Zip Code 32765-9437

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

Name of Employer FL Hosp of E Orlando Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010

Transaction ID: C922641

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 53 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Wayne S S Friestad

Mailing Address 1528 Langham Terr

City State Zip Code  
Lake Mary FL 32746-1971

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922655

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 640 E Club Cir

City State Zip Code  
Longwood FL 32779-2256

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922653

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Presbyterian Med Ctr ED  
39th & Market St

City State Zip Code  
Philadelphia PA 19104

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

Name of Employer Occupation  
Presbyterian Med Ctr ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 365.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** C904517

Amount of Each Receipt this Period  
365.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2365.00**

**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 54 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Christopher M M Gentle

Mailing Address 12813 Little Elliott Dr Apt 11

City State Zip Code  
Hagerstown MD 21742-2762

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

Name of Employer Occupation  
Washington Cnty Hosp 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  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915439

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City State Zip Code  
Randolph NJ 07869-3534

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

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913272

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City State Zip Code  
Randolph NJ 07869-3534

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

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

Transaction ID: C917776

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Michael Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City State Zip Code  
Randolph NJ 07869-3534

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

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 29 / 2010

Transaction ID: C947289

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

James L L Gerfin

Mailing Address 339 Danville Dr

City State Zip Code  
Williamstown NJ 08094-8811

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

Name of Employer Occupation  
Univ of VA Hlth Syst 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  
05 / 27 / 2010

Transaction ID: C930112

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

David Ghilarducci

Mailing Address 268 Calvin Pl

City State Zip Code  
Santa Cruz CA 95060-3126

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

Name of Employer Occupation  
Dr. David Ghilarducci 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  
06 / 15 / 2010

Transaction ID: C935212

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Giles

Mailing Address 1212 Cypress Pl

City State Zip Code  
Forked River NJ 08731-4530

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

Name of Employer Occupation  
Jersey Emerg Med Spec, PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C929195

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1209 Rutherford Rdg

City State Zip Code  
O'Fallon IL 62269

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

Name of Employer Occupation  
Midwest Emer Dept Serv Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 17 / 2010

**Transaction ID:** C942088

Amount of Each Receipt this Period  
100.00

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

Mailing Address 10424 Long Ave

City State Zip Code  
Oak Lawn IL 60453-4645

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

Name of Employer Occupation  
Dr. Bernadette Boyd Gniadecki Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913257

Amount of Each Receipt this Period  
250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David Andrew Andrew Goldman

Mailing Address 428 Raccoon St

City State Zip Code  
Lake Mary FL 32746-3802

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922644

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Mylissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913359

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Mylissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926287

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1200.00**

**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 58 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Myliisa Amy Amy Graber

Mailing Address 7809 Trieste Pl

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947290

Amount of Each Receipt this Period  
100.00

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

Mailing Address PO Box 729

City State Zip Code  
Sagle ID 83860-0729

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

Name of Employer Occupation  
Lake Pend Oreille Emer Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

**Transaction ID:** C916865

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code  
Aiken SC 29803-5688

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

Name of Employer Occupation  
Aiken Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913358

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **433.33**

**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 59 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code  
Aiken SC 29803-5688

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

Name of Employer Occupation  
Aiken Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: C926288

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code  
Aiken SC 29803-5688

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

Name of Employer Occupation  
Aiken Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947291

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Lynda Gail Gail Gray

Mailing Address 2896 W Kensington Ln

City State Zip Code  
Fresno CA 93711-1159

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

Name of Employer Occupation  
Kaiser Permanente Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 0

Transaction ID: C935748

Amount of Each Receipt this Period

100.00

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

266.66

**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 60 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Andrea L L Green

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

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

Name of Employer  
Dr. Andrea L Green

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913367

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert D D Greenberg

Mailing Address Scott & White  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0001

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

Name of Employer  
Dept of Emer Med

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913357

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey T T Greenwood

Mailing Address 13020 N Shore Rd

City State Zip Code  
Ocean City MD 21842-9730

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

Name of Employer  
Peninsula Reg Med Ctr ED

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 1 2 / 2 0 1 0

**Transaction ID:** C917924

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 61 / 210

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin John John Gregg		Date of Receipt
	Mailing Address 102 Laurel Oak Trl		<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 0 5 / 2 6 / 2 0 1 0
	City	State	Zip Code
	Simpsonville	SC	29681-4735
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C926231
Name of Employer Greenville Meml Hosp		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Michael G G Guttenberg		Date of Receipt
	Mailing Address 11 Glen Hill 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 0 4 / 2 8 / 2 0 1 0
	City	State	Zip Code
	Tarrytown	NY	10591-5055
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C913379
Name of Employer St Josephs Med Ctr		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael G G Guttenberg		Date of Receipt
	Mailing Address 11 Glen Hill 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 0 6 / 0 6 / 2 0 1 0
	City	State	Zip Code
	Tarrytown	NY	10591-5055
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: C936735
Name of Employer St Josephs Med Ctr		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Rose M M Haisler

Mailing Address 1905 W Gerald Dr

City Peoria State IL Zip Code 61615-1185

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

Name of Employer OSFMC Emerg Dept Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 18 / 2010  
**Transaction ID: C920243**  
Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Lucy Richardson Hammerberg

Mailing Address 2140 Telegraph Rd

City Bannockburn State IL Zip Code 60015-1532

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

Name of Employer West Suburban Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 20 / 2010  
**Transaction ID: C921476**  
Amount of Each Receipt this Period 1000.00

**C.**

Full Name (Last, First, Middle Initial)  
J Brian Hancock

Mailing Address 4827 Pebworth Pl

City Saginaw State MI Zip Code 48603-9306

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

Name of Employer MI State Univ Colg of Hmn Medn Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 29 / 2010  
**Transaction ID: C947306**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2250.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 63 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Alan Howard Howard Hand

Mailing Address 10 Ellicott Way

City State Zip Code  
Sugarland TX 77479-2870

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

Name of Employer Occupation  
Dr. Alan Howard Hand 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  
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935213

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel A Aaron Handel

Mailing Address 12716 NW 26th Ave

City State Zip Code  
Vancouver WA 98685-2005

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

Name of Employer Occupation  
OR Hlth & Science Univ CD-W-EM 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  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913282

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Bill Harshbarger

Mailing Address W301 N 3252 Windrush Cir

City State Zip Code  
Pewaukee WI 53072

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

Name of Employer Occupation  
ERMED, S.C. 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  
0 5 / 0 4 / 2 0 1 0

Transaction ID: C915436

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 64 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Allison Leigh Leigh Harvey

Mailing Address Palmetto Hlth Richland  
Five Medical Park Dr EM Dept

City State Zip Code  
Columbia SC 29203-6863

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

Name of Employer Occupation  
Palmetto Hlth Richland 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  
06 / 07 / 2010

Transaction ID: C933600

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Carlton E E Heine

Mailing Address 515 Whitecap Rd

City State Zip Code  
Bellingham WA 98229-8911

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

Name of Employer Occupation  
Skagit Valley Hosp 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  
05 / 25 / 2010

Transaction ID: C926270

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Marilyn Joan Joan Heine

Mailing Address 900 Twining Rd

City State Zip Code  
Dresher PA 19025-1726

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

Name of Employer Occupation  
Mercy Suburban 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  
04 / 01 / 2010

Transaction ID: C911845

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 210  
(check only one)

11a  11b  11c  12  
 13  14  15  16  17

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

**A.**

Full Name (Last, First, Middle Initial)

Marilyn Joan Joan Heine

Mailing Address 900 Twining Rd

City State Zip Code  
Dresher PA 19025-1726

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

Name of Employer Occupation  
Mercy Suburban Hosp 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 5 / 1 9 / 2 0 1 0

Transaction ID: C920710

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Marcus A Hendry

Mailing Address 6827 Windemere Dr

City State Zip Code  
Zionsville IN 46077-8552

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

Name of Employer Occupation  
SVEP Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: C943219

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Marcus A Hendry

Mailing Address 6827 Windemere Dr

City State Zip Code  
Zionsville IN 46077-8552

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

Name of Employer Occupation  
SVEP Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

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

Transaction ID: C947726

Amount of Each Receipt this Period

1000.00

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

1450.00

**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 66 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Charles W W Henrichs, III		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
Mailing Address Margaret R Pardee Meml Hosp 800 N Justice St		Transaction ID: C926269
City Hendersonville	State NC	Zip Code 28791-3410
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Hendersonville Emer Consu- ltant	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Douglas M M Hill		Date of Receipt MM / DD / YYYY 04 / 06 / 2010
Mailing Address N Suburban Med Ctr 9191 Grant St		Transaction ID: C904841
City Denver	State CO	Zip Code 80229-4361
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer N Suburban 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	

**C.**

Full Name (Last, First, Middle Initial) Mark R Hill		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 1316 Yubinaranda Cir		Transaction ID: C947731
City Cary	State NC	Zip Code 27511-5629
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Randolph 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1500.00
<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 67 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Timothy J J Hill

Mailing Address 2200 NE 96th St

City State Zip Code  
Oklahoma City OK 73131-3504

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

Name of Employer Occupation  
Mercy Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 05 / 2010

**Transaction ID:** C916864

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City State Zip Code  
Annapolis MD 21409-4830

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

Name of Employer Occupation  
Univ of MD ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947303

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913356

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **583.33**

**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 68 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID: C926289**

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID: C929775**

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID: C947301**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

**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 69 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

**Transaction ID:** C950860

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth L L Holbert

Mailing Address 130 Laurel Hill Dr

City State Zip Code  
Smyrna TN 37167-4907

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

Name of Employer Occupation  
Harton Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926263

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
James Richard Richard Holmberg

Mailing Address W310N4958 Old Steeple Rd

City State Zip Code  
Hartland WI 53029-8529

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

Name of Employer Occupation  
Aurora Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

**Transaction ID:** C915435

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1333.33**

**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 70 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Stephen G Holtzclaw

Mailing Address 10265 SW 23 Rd Court

City State Zip Code  
davie FL 33324

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

Name of Employer TeamHealth Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** C929353

Amount of Each Receipt this Period  
2000.00

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

Mailing Address 5285 Laurel Ridge Ln

City State Zip Code  
Cincinnati OH 45247-7950

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

Name of Employer McCullough Hyde Mem Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926238

Amount of Each Receipt this Period  
1000.00

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

Mailing Address Univ of IA Hosps & Clncs  
200 Hawkins Dr Rcp 1008

City State Zip Code  
Iowa City IA 52242-1007

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

Name of Employer Univ of IA Hosps & Clncs Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926268

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3250.00**

**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 71 / 210

(check only one)

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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) William L L Indruk		Date of Receipt MM / DD / YYYY 04 / 06 / 2010		
	Mailing Address 134 Montclair Ave		<b>Transaction ID:</b> C904505		
	City Montclair	State NJ	Zip Code 07042-4132	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emer Med 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			

<b>B.</b>	Full Name (Last, First, Middle Initial) Charlene B B Irvin		Date of Receipt MM / DD / YYYY 04 / 22 / 2010		
	Mailing Address 50572 Jefferson Ave		<b>Transaction ID:</b> C908835		
	City New Baltimore	State MI	Zip Code 48047-2339	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emer Med Spec 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			

<b>C.</b>	Full Name (Last, First, Middle Initial) Charlene B B Irvin		Date of Receipt MM / DD / YYYY 05 / 25 / 2010		
	Mailing Address 50572 Jefferson Ave		<b>Transaction ID:</b> C926247		
	City New Baltimore	State MI	Zip Code 48047-2339	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emer Med Spec 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			

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ronald Iverson

Mailing Address 4935 S Scenic Rt

City Casper State WY Zip Code 82601-6714

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

Name of Employer Emer Med Phys PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 03 / 2010

Transaction ID: C931732

Amount of Each Receipt this Period 500.00

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

Mailing Address 3291 E Orchard Rd

City Littleton State CO Zip Code 80121-3046

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

Name of Employer Care Point PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 06 / 2010

Transaction ID: C916891

Amount of Each Receipt this Period 250.00

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

Mailing Address 167 Sprain Brook Rd

City Woodbury State CT Zip Code 06798-1914

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

Name of Employer St Marys Hosp ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 19 / 2010

Transaction ID: C920713

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 73 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
George John John Janas

Mailing Address 290 Brook View Dr

City State Zip Code  
Cuyahoga Falls OH 44223-3533

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

Name of Employer Occupation  
Mercy Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C946387

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1346 Forest Glen Ct

City State Zip Code  
Toms River NJ 08755-1386

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C929199

Amount of Each Receipt this Period  
500.00

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

Mailing Address 7537 N Hwy 83

City State Zip Code  
N Platte NE 69101-8023

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

Name of Employer Occupation  
Great Plains Regl Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926246

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Milan Jockovich

Mailing Address 460 Riggs Ave

City Melbourne Beach State FL Zip Code 32951-3221

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

Name of Employer Brevard Emer Svcs Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 06 / 08 / 2010  
**Transaction ID: C933069**  
Amount of Each Receipt this Period 800.00

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

Mailing Address Caritas Carney Hosp Dept of EM  
2100 Dorchester Ave

City Dorchester State MA Zip Code 02124-5615

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

Name of Employer Caritas Carney Hosp Dept of EM Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 22 / 2010  
**Transaction ID: C908883**  
Amount of Each Receipt this Period 250.00

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

Mailing Address Caritas Carney Hosp Dept of EM  
2100 Dorchester Ave

City Dorchester State MA Zip Code 02124-5615

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

Name of Employer Caritas Carney Hosp Dept of EM Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 28 / 2010  
**Transaction ID: C913368**  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1300.00

**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 75 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ryan Austin Austin Jones

Mailing Address 4315 Beeman Rd

City State Zip Code  
Williamson MI 48895-9346

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

Name of Employer Occupation  
Dr. Ryan Austin Jones 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 6 / 0 3 / 2 0 1 0

Transaction ID: C931742

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric Wayne Wayne Jordan

Mailing Address 6 Tuckahoe

City State Zip Code  
Hattiesburg MS 39402-7789

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

Name of Employer Occupation  
Dr. Eric Wayne Jordan Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: C904852

Amount of Each Receipt this Period  
365.00

**C.**

Full Name (Last, First, Middle Initial)  
Joseph Lee Lee Joyce

Mailing Address 2709 Mt Vernon Ln

City State Zip Code  
Blacksburg VA 24060-8122

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

Name of Employer Occupation  
Dr. Joseph Lee Joyce 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 6 / 1 0 / 2 0 1 0

Transaction ID: C933416

Amount of Each Receipt this Period  
100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Joseph Lee Lee Joyce

Mailing Address 2709 Mt Vernon Ln

City State Zip Code  
Blacksburg VA 24060-8122

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

Name of Employer Occupation  
Dr. Joseph Lee Joyce 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  
0 6 / 2 6 / 2 0 1 0

Transaction ID: C947268

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Andy Kahn

Mailing Address 3000 Blackburn St  
Apt 801

City State Zip Code  
Dallas TX 75204-2206

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

Name of Employer Occupation  
EMCare Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 9 / 2 0 1 0

Transaction ID: C942337

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Costas Andreas Andreas Kaifas

Mailing Address 910 Cnty Club Rd

City State Zip Code  
Bridgewater NJ 08807-1174

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

Name of Employer Occupation  
Emergency Medical Associates Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C912383

Amount of Each Receipt this Period  
1000.00

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

2150.00

**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 77 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.03

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C945365

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Rodney C C Kang

Mailing Address 2420 Sandlake Rd

City State Zip Code  
Longwood FL 32779-5811

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922625

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jay A Kaplan

Mailing Address 300 Oak Ave

City State Zip Code  
San Anselmo CA 94960-2703

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 599.98

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913355

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1183.33**

**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 78 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jay A Kaplan  
Mailing Address 300 Oak Ave  
City San Anselmo State CA Zip Code 94960-2703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CEP America Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 599.98  
Date of Receipt MM / DD / YYYY  
05 / 25 / 2010  
**Transaction ID:** C926290  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Jay A Kaplan  
Mailing Address 300 Oak Ave  
City San Anselmo State CA Zip Code 94960-2703  
FEC ID number of contributing federal political committee. **C**  
Name of Employer CEP America Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 599.98  
Date of Receipt MM / DD / YYYY  
06 / 29 / 2010  
**Transaction ID:** C947309  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Kamil Karoum  
Mailing Address 56 Moore Rd  
City Marlboro State NJ Zip Code 07746-2103  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Medical Ctr Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt MM / DD / YYYY  
05 / 27 / 2010  
**Transaction ID:** C929205  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 666.66  
**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 79 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer Occupation  
PMB 521 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 4 / 2 8 / 2 0 1 0

Transaction ID: C913266

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer Occupation  
PMB 521 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 5 / 2 5 / 2 0 1 0

Transaction ID: C926278

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Donald R Keir

Mailing Address 65 Highbridge Blvd

City State Zip Code  
Medford NJ 08055-3341

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

Name of Employer Occupation  
Virtua Meml Hosp 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 6 / 3 0 / 2 0 1 0

Transaction ID: C950872

Amount of Each Receipt this Period  
250.00

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

350.00

**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 80 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alfred Brian Brian Kelleher

Mailing Address 5414 Sunrise Bluff Ct

City State Zip Code  
Midlothian VA 23112-2516

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

Name of Employer Occupation  
CJW Med Ctr Chippenham 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  
0 4 / 2 6 / 2 0 1 0

Transaction ID: C912360

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
John Joseph Joseph Kelly

Mailing Address 8617 Seminole St

City State Zip Code  
Philadelphia PA 19118-3728

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

Name of Employer Occupation  
Einstein Practice Plan 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  
0 4 / 1 9 / 2 0 1 0

Transaction ID: C906987

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael Anthony Anthony Kelly

Mailing Address One Pavilion Dr

City State Zip Code  
Daniels WV 25832-9705

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

Name of Employer Occupation  
Raleigh Genl Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C929290

Amount of Each Receipt this Period

1000.00

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

2000.00

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
James F F Kenny

Mailing Address 96 Aspinwall St

City Staten Island State NY Zip Code 10307-1627

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

Name of Employer: Staten Island University Hosp  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 13 / 2010  
Transaction ID: C906286  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 3 E Dogwood Ct

City Westampton State NJ Zip Code 08060-9668

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

Name of Employer: Emergency Physician Assoc PA  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 02 / 2010  
Transaction ID: C929774  
Amount of Each Receipt this Period: 250.00

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

Mailing Address 1626 Montview Blvd

City Greeley State CO Zip Code 80631-5345

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

Name of Employer: North Colorado Med Ctr  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 03 / 2010  
Transaction ID: C931746  
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 82 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul Daniel Daniel Kivela

Mailing Address 1370 Trancas # 336

City State Zip Code  
Napa CA 94558-2912

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

Name of Employer Occupation  
Dr. Paul Daniel Kivela Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** C920708

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1211 Cypress Place

City State Zip Code  
Forked River NJ 08731-4529

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

Name of Employer Occupation  
Jersey Emerg Med Spec, PC Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
05 / 28 / 2010

**Transaction ID:** C930306

Amount of Each Receipt this Period  
500.00

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

Mailing Address 211 Osprey Ct

City State Zip Code  
Huntertown IN 46748-9294

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

Name of Employer Occupation  
Dr. Joseph W Kosnik Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
06 / 26 / 2010

**Transaction ID:** C947264

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Paul Andrew Andrew Kozak

Mailing Address 21925 N Calle Royale

City State Zip Code  
Scottsdale AZ 85255-5000

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

Name of Employer Occupation  
Mayo Clinic Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** C918041

Amount of Each Receipt this Period  
750.00

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

Mailing Address 7828 Lovain Dr

City State Zip Code  
Crp Christi TX 78414-6138

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

Name of Employer Occupation  
Dr. Scott Paul Krall Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 19 / 2010

**Transaction ID:** C920736

Amount of Each Receipt this Period  
500.00

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

Mailing Address 20 Oxford Cir

City State Zip Code  
Southampton NJ 08088-3579

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

Name of Employer Occupation  
Albert Einstein Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C929203

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1750.00**

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

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

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

FOR LINE NUMBER: PAGE 84 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John Kraynock

Mailing Address 99 Hwy 37 W

City Toms River State NJ Zip Code 08755-6423

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

Name of Employer Dr. John Kraynock Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 27 / 2010

Transaction ID: C929206

Amount of Each Receipt this Period 500.00

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

Mailing Address PO Box 1209

City Sanford State FL Zip Code 32772-1209

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010

Transaction ID: C922651

Amount of Each Receipt this Period 1000.00

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

Mailing Address 6031 N Camino Esquina

City Tucson State AZ Zip Code 85718-3706

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

Name of Employer St Joseph's Hospital Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 07 / 2010

Transaction ID: C933045

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 85 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Edward G G Lane		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	4		2	0	1	0													
Mailing Address 6031 N Camino Esquina		<b>Transaction ID:</b> C935658																				
City	State	Zip Code																				
Tucson	AZ	85718-3706																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer St Joseph's Hospital	Occupation Emergency Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>350.00</td></tr> </table>	350.00																				
350.00																						

**B.**

Full Name (Last, First, Middle Initial) Catherine Janet Janet Langston		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>6</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		0	3		2	0	1	0													
Mailing Address 888 E Main St		<b>Transaction ID:</b> C931740																				
City	State	Zip Code																				
Batesville	AR	72501-3438																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																			
500.00																						
Name of Employer White River Med Ctr	Occupation Emergency Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>500.00</td></tr> </table>	500.00																				
500.00																						

**C.**

Full Name (Last, First, Middle Initial) Linda L L Lawrence		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>5</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y													
0	5		1	9		2	0	1	0													
Mailing Address 7811 Hermosa Hill		<b>Transaction ID:</b> C920741																				
City	State	Zip Code																				
San Antonio	TX	78256																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																			
1000.00																						
Name of Employer 60 MDG/SGH	Occupation Emergency Physician																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>1000.00</td></tr> </table>	1000.00																				
1000.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%; text-align: center;"> <tr><td>1600.00</td></tr> </table>	1600.00
1600.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%; height: 20px;"></table>	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 86 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian L L Leal

Mailing Address 1192 Fort Lamar Rd

City State Zip Code  
Charleston SC 29412-9684

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

Name of Employer Occupation  
Medical Colg of GA 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  
0 6 / 2 8 / 2 0 1 0

Transaction ID: C945028

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Ian Brett Brett Leber

Mailing Address 31 Yearling Pl

City State Zip Code  
Freehold NJ 07728-9371

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

Name of Employer Occupation  
Bayshore Cmnty Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913275

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ian Brett Brett Leber

Mailing Address 31 Yearling Pl

City State Zip Code  
Freehold NJ 07728-9371

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

Name of Employer Occupation  
Bayshore Cmnty Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00

Date of Receipt

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

Transaction ID: C942321

Amount of Each Receipt this Period

1000.00

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

1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 87 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Roy J Levin

Mailing Address P.O. Box 576194

City State Zip Code  
Modesto CA 95357-6194

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

Name of Employer Occupation  
TeamHealth West Regional Medical Director

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

Transaction ID: C921454

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Christopher C Ligan

Mailing Address 627 Largovista Dr

City State Zip Code  
Oakland FL 34787-8977

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

Name of Employer Occupation  
Florida Emerg Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947277

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael S S Lippe

Mailing Address 40 Hutton Dr

City State Zip Code  
Mahwah NJ 07430-2986

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

Name of Employer Occupation  
Good Samaritan Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: C926243

Amount of Each Receipt this Period

350.00

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

2350.00

**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 88 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jorge Lopez-Ferrer

Mailing Address 1476 Chippewa Ln

City State Zip Code  
Geneva FL 32732-9183

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

Name of Employer Occupation  
FL Emer Phys Kang & Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

Transaction ID: C922646

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ralph K K Losey

Mailing Address 6239 N Lundy Ave

City State Zip Code  
Chicago IL 60646-4009

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

Name of Employer Occupation  
Univ of IL at Chicago ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

Transaction ID: C913276

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Seth A A Lotterman

Mailing Address 33 Lynn Batts Apt 3206  
Apt 1222

City State Zip Code  
San Antonio TX 78218-3064

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

Name of Employer Occupation  
Wilford Hall Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 14 / 2010

Transaction ID: C930096

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 89 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Seth A A Lotterman

Mailing Address 33 Lynn Batts Apt 3206  
Apt 1222

City San Antonio State TX Zip Code 78218-3064

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

Name of Employer Wilford Hall Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 0

**Transaction ID:** C947701

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lukens

Mailing Address 15503 Clifton Blvd

City Lakewood State OH Zip Code 44107

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

Name of Employer Methohealth medical center Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

**Transaction ID:** C925266

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas W W Lukens

Mailing Address 15503 Clifton Blvd

City Lakewood State OH Zip Code 44107-2411

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

Name of Employer MetroHealth Medical Center Occupation physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 560.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 0

**Transaction ID:** C903958

Amount of Each Receipt this Period  
560.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1560.00**

**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 90 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jerod L L Lunsford

Mailing Address 116 Heises Pond Way

City Columbia State SC Zip Code 29229-9535

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

Name of Employer Palmetto Hlth Richland Mem Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 05 / 2010

Transaction ID: C928893

Amount of Each Receipt this Period: 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerod L L Lunsford

Mailing Address 116 Heises Pond Way

City Columbia State SC Zip Code 29229-9535

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

Name of Employer Palmetto Hlth Richland Mem Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 15 / 2010

Transaction ID: C935199

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas J J Lydon

Mailing Address PO Box 51

City Rye Beach State NH Zip Code 03871-0051

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

Name of Employer Wentworth Douglass Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 06 / 2010

Transaction ID: C904848

Amount of Each Receipt this Period: 150.00

**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 91 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Thomas J J Lydon

Mailing Address PO Box 51

City State Zip Code  
Rye Beach NH 03871-0051

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

Name of Employer Occupation  
Wentworth Douglass Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 275.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C926129

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael S Lyons

Mailing Address 6579 Villagefield Dr.

City State Zip Code  
Mason OH 45267-2827

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

Name of Employer Occupation  
University Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C929289

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael S Lyons

Mailing Address 6579 Villagefield Dr.

City State Zip Code  
Mason OH 45267-2827

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

Name of Employer Occupation  
University Physicians Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: C950877

Amount of Each Receipt this Period

250.00

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

475.00

**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 92 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Bruce A Alan MacLeod

Mailing Address 1515 Mohican Drive

City Pittsburgh State PA Zip Code 15228-1615

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

Name of Employer University of Pittsburgh Physicians Occupation Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 22 / 2010  
**Transaction ID: C922448**  
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 969 Keystone Dr

City Soldotna State AK Zip Code 99669-8064

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

Name of Employer Central Peninsula Hosp Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 04 / 26 / 2010  
**Transaction ID: C912370**  
 Amount of Each Receipt this Period: 1000.00

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

Mailing Address 969 Keystone Dr

City Soldotna State AK Zip Code 99669-8064

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

Name of Employer Central Peninsula Hosp Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 06 / 07 / 2010  
**Transaction ID: C933585**  
 Amount of Each Receipt this Period: 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Arun Manikumar

Mailing Address 104 Baynes Ct

City State Zip Code  
Chapel Hill NC 27517-9526

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

Name of Employer Occupation  
Nash Gen Hosp 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 6 / 3 0 / 2 0 1 0

Transaction ID: C950883

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)

Harry A A Marinakis

Mailing Address 14 Wexford Way

City State Zip Code  
Bridgeport WV 26330-9406

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

Name of Employer Occupation  
Dr. Harry A Marinakis 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 5 / 0 7 / 2 0 1 0

Transaction ID: C918073

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Scott P P Marquis

Mailing Address 1407 E Rockwood Blvd

City State Zip Code  
Spokane WA 99203-3841

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

Name of Employer Occupation  
Spokane Emerg Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 8 / 2 0 1 0

Transaction ID: C933057

Amount of Each Receipt this Period  
1000.00

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

2000.00

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

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

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

FOR LINE NUMBER: PAGE 94 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
H Lynn Massingale

Mailing Address PO Box 30698

City State Zip Code  
Knoxville TN 37930-0698

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

Name of Employer Team Health Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 06 / 03 / 2010

**Transaction ID:** C930043

Amount of Each Receipt this Period  
2500.00

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

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

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

Name of Employer NE Tower Ste 2100 Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 04 / 28 / 2010

**Transaction ID:** C913354

Amount of Each Receipt this Period  
100.00

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

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

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

Name of Employer NE Tower Ste 2100 Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 05 / 25 / 2010

**Transaction ID:** C926291

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2700.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 95 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Angela F F Mattko

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126-5612

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

Name of Employer NE Tower Ste 2100 Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 29 / 2010  
Transaction ID: C947311  
Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert McCurren

Mailing Address Henry Ford Wyandotte Hosp  
2333 Biddle Ave

City Wyandotte State MI Zip Code 48192-4668

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

Name of Employer EPMG Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 05 / 19 / 2010  
Transaction ID: C920715  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Matthew John John McDevitt

Mailing Address 800 S Gaylord St

City Denver State CO Zip Code 80209-4632

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

Name of Employer Carepoint PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 14 / 2010  
Transaction ID: C906390  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Dennis Lucas Lucas McGill

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

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

Name of Employer Emer Med Assoc Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 04 / 28 / 2010  
**Transaction ID: C913353**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
John Gerard Gerard McManus, Jr

Mailing Address 726 Ridge Trace

City San Antonio State TX Zip Code 78258-6917

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

Name of Employer Brooke Army Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2010  
**Transaction ID: C926267**  
 Amount of Each Receipt this Period 250.00

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

Mailing Address PO Box 1109

City Ringgold State GA Zip Code 30736-1109

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

Name of Employer TeamHealth Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 21 / 2010  
**Transaction ID: C922441**  
 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 97 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Richard S S McMonigal

Mailing Address 3610 45th St NE

City Tacoma State WA Zip Code 98422-2293

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

Name of Employer Auburn General Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 06 / 2010

Transaction ID: C904849

Amount of Each Receipt this Period 500.00

**B.**

Full Name (Last, First, Middle Initial)  
William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City Greenville State NC 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 04 / 28 / 2010

Transaction ID: C913378

Amount of Each Receipt this Period 84.00

**C.**

Full Name (Last, First, Middle Initial)  
William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City Greenville State NC 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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 25 / 2010

Transaction ID: C926292

Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **668.00**

**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 98 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City State Zip Code  
Greenville NC 27858-8635

FEC ID number of contributing federal political committee. C

Name of Employer  
Emerg Med, PCMH, 3ED-311

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
06 / 29 / 2010

**Transaction ID:** C947314

Amount of Each Receipt this Period  
84.00

**B.**

Full Name (Last, First, Middle Initial)  
Howard K K Mell

Mailing Address 7720 Gateway Ln

City State Zip Code  
Powell OH 43065-7195

FEC ID number of contributing federal political committee. C

Name of Employer  
MD EMS SYSTEMS LLC

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 19 / 2010

**Transaction ID:** C920716

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
David James James Mendelson

Mailing Address 4633 Post Oak Dr

City State Zip Code  
Frisco TX 75034-5130

FEC ID number of contributing federal political committee. C

Name of Employer  
EmCare Inc

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
06 / 25 / 2010

**Transaction ID:** C945018

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 684.00

**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 99 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
David James James Mendelson

Mailing Address 4633 Post Oak Dr

City State Zip Code  
Frisco TX 75034-5130

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

Name of Employer Occupation  
EmCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947316

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code  
Chatsworth NJ 08019-9711

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913369

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code  
Chatsworth NJ 08019-9711

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 0

Transaction ID: C929186

Amount of Each Receipt this Period

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 21209-4421

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913377

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 21209-4421

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926293

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 21209-4421

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947315

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 101 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Anthony Joseph Joseph Midkiff

Mailing Address 1773 Hidden Oak Trl

City State Zip Code  
Mansfield OH 44906-3560

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Mansfield Med Ctr ED Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2010  
**Transaction ID:** C933068

Amount of Each Receipt this Period 250.00

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

Mailing Address 4775 Blackberry Ct NE

City State Zip Code  
Grand Rapids MI 49525-9495

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Battle Creek Emerg Phys PC Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2010  
**Transaction ID:** C942568

Amount of Each Receipt this Period 100.00

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

Mailing Address 1744 Leisure Ln

City State Zip Code  
Yakima WA 98908-9224

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Yakima Mem Hosp Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 13 / 2010  
**Transaction ID:** C906280

Amount of Each Receipt this Period 300.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan Taylor Taylor Miller

Mailing Address 5595 Williams Rd

City State Zip Code  
North East PA 16428-4825

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

Name of Employer Hamot Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

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

**Transaction ID:** C904501

Amount of Each Receipt this Period  
800.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael P Miller

Mailing Address 135 Cambridge Way

City State Zip Code  
North Liberty IA 52317-8011

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

Name of Employer St Lukes Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 0 / 2 0 1 0

**Transaction ID:** C921474

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel C C Minior

Mailing Address 7204 Pantonbury Pl

City State Zip Code  
Wake Forest NC 27587-5464

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

Name of Employer Nash Gen Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926260

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1300.00**

**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 103 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
David A Miranda  
Mailing Address 5007 Gregory Pl  
City West Lake Hills State TX Zip Code 78746-5508  
FEC ID number of contributing federal political committee. **C**  
Name of Employer David A Miranda, MD, FACEP Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 12 / 2010  
Transaction ID: C917922  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Jack Henry Henry Mitstifer  
Mailing Address 4877 Squire Dr  
City Sagamore Hls State OH Zip Code 44067-3287  
FEC ID number of contributing federal political committee. **C**  
Name of Employer GEMS Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 25 / 2010  
Transaction ID: C926277  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
John Cyrus Cyrus Moghtader  
Mailing Address 251 Glen Oban Dr  
City Arnold State MD Zip Code 21012-2110  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Anne Aroundel Med Ctr Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 05 / 13 / 2010  
Transaction ID: C918038  
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 104 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Cyrus Cyrus Moghtader

Mailing Address 251 Glen Oban Dr

City State Zip Code  
Arnold MD 21012-2110

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

Name of Employer Occupation  
Anne Arundel Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: C945149

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
George W W Molzen

Mailing Address PO Box 3309

City State Zip Code  
Naples FL 34106-3309

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

Name of Employer Occupation  
Albuquerque Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: C913351

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
George W W Molzen

Mailing Address PO Box 3309

City State Zip Code  
Naples FL 34106-3309

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

Name of Employer Occupation  
Albuquerque Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 9 / 2 0 1 0

Transaction ID: C920733

Amount of Each Receipt this Period

1000.00

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

1225.00

**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 105 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Harold Moores, III

Mailing Address 22499 200th Ave

City State Zip Code  
Tustin MI 49688-8121

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

Name of Employer Occupation  
Dr. Harold Moores, III Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 0

Transaction ID: C912356

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Duane Duane Moyer-Diener

Mailing Address 500 Sunflower Ave

City State Zip Code  
McAllen TX 78504-2920

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

Name of Employer Occupation  
Dr. David Duane Moyer-Diener 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 4 / 2 6 / 2 0 1 0

Transaction ID: C912382

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Pushpa R R Mudan

Mailing Address 37 Briarwood Dr

City State Zip Code  
Holyoke MA 01040-1301

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

Name of Employer Occupation  
Dr. Pushpa R Mudan 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 6 / 0 8 / 2 0 1 0

Transaction ID: C933067

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 106 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Matthew S Muller

Mailing Address 6155 Belmont Ave

City State Zip Code  
Dallas TX 75214-3623

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

Name of Employer Occupation  
Dallas County Hospital District physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 0 / 2 0 1 0

Transaction ID: C917020

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Alvin J J Murn

Mailing Address 107 Rutan Ct

City State Zip Code  
Mooreville NC 28117-8497

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

Name of Employer Occupation  
MEMA 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  
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935220

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott B B Murray

Mailing Address 1 Sandy Way

City State Zip Code  
Ayer MA 01432-1590

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

Name of Employer Occupation  
Dr. Scott B Murray 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  
0 6 / 3 0 / 2 0 1 0

Transaction ID: C947737

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Steven Nazario

Mailing Address 7597 St Stephens Ct

City Orlando State FL Zip Code 32835-6526

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 1 / 2 0 1 0

**Transaction ID:** C922654

Amount of Each Receipt this Period  
 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ira R R Nemeth

Mailing Address Unit A  
1408 Vermont St

City Houston State TX Zip Code 77006

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

Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913305

Amount of Each Receipt this Period  
 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Ira R R Nemeth

Mailing Address Unit A  
1408 Vermont St

City Houston State TX Zip Code 77006

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

Name of Employer Dr. Ira R Nemeth Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926294

Amount of Each Receipt this Period  
 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1200.00

**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 108 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ira R R Nemeth

Mailing Address Unit A  
1408 Vermont St

City State Zip Code  
Houston TX 77006

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

Name of Employer  
Dr. Ira R Nemeth

Occupation  
Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	1	0

**Transaction ID:** C947319

Amount of Each Receipt this Period  
100.00

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

Mailing Address 15643 Compass Dr

City State Zip Code  
Northport AL 35475-3923

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

Name of Employer  
First Care

Occupation  
Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	0

**Transaction ID:** C904840

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 911 Home Grove Dr

City State Zip Code  
Winter Garden FL 34787-6514

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

Name of Employer  
FL Emer Phys

Occupation  
Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	1	0

**Transaction ID:** C922639

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 109 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey R R Nickel</p> <p>Mailing Address 2300 N Black Oak Dr</p> <p>City State Zip Code Angola IN 46703-8195</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Pro Emer Phys Inc      Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">499.98</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">04 / 28 / 2010</span></p> <p><b>Transaction ID:</b> C913370</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
---	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Jeffrey R R Nickel</p> <p>Mailing Address 2300 N Black Oak Dr</p> <p>City State Zip Code Angola IN 46703-8195</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Pro Emer Phys Inc      Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">499.98</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">05 / 25 / 2010</span></p> <p><b>Transaction ID:</b> C926295</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Jeffrey R R Nickel</p> <p>Mailing Address 2300 N Black Oak Dr</p> <p>City State Zip Code Angola IN 46703-8195</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Pro Emer Phys Inc      Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">499.98</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">06 / 29 / 2010</span></p> <p><b>Transaction ID:</b> C947320</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">249.99</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 110 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Brian Nobie</p> <p>Mailing Address 2107 Willow Lauren Ln</p> <p>City State Zip Code Windermer FL 34786-6016</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation FL Emer Phys Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 5 / 2 1 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C922637</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Ramon Nunez</p> <p>Mailing Address 7926 Saint Giles Pl</p> <p>City State Zip Code Orlando FL 32835-7909</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Florida Emer Phys Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 6 / 2 9 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C947278</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Robert E E O'Connor</p> <p>Mailing Address 515 Foxdale Ln</p> <p>City State Zip Code Charlottesville VA 22903-9201</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Univ of VA Hlth Svc-Dept of EM Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">0 4 / 2 8 / 2 0 1 0</span></p> <p><b>Transaction ID:</b> C913376</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">2250.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 111 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Lisa Marie Marie O'Grady

Mailing Address 1320 Webster St

City State Zip Code  
Orlando FL 32804-2855

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

Name of Employer Occupation  
Dr. Lisa Marie O'Grady Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922645

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 18 Steeplechase Ln

City State Zip Code  
Asbury NJ 08802-1086

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

Name of Employer Occupation  
Hackettstown Cmnty Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947318

Amount of Each Receipt this Period  
125.00

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

Mailing Address 1130 Carlson Drive

City State Zip Code  
Colorado Springs CO 80919-2709

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

Name of Employer Occupation  
So. CO EM Associates EM Physician/Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** C913132

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1625.00

**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 112 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Jorge E Otero		Date of Receipt MM / DD / YYYY 05 / 25 / 2010
Mailing Address NE Emer Med Spec 245 E Rock Rd		<b>Transaction ID:</b> C926296
City New Haven	State CT	Zip Code 06511-1230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 166.66
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

**B.**

Full Name (Last, First, Middle Initial) Jorge E Otero		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Mailing Address NE Emer Med Spec 245 E Rock Rd		<b>Transaction ID:</b> C947321
City New Haven	State CT	Zip Code 06511-1230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.98	

**C.**

Full Name (Last, First, Middle Initial) Ryan Glenn Glenn Padgett		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
Mailing Address 1132 23rd Ave E		<b>Transaction ID:</b> C929245
City Seattle	State WA	Zip Code 98112-3521
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Dr. Ryan Glenn Padgett	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>349.99</b>
<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 113 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Ernest Page, II

Mailing Address 11030 Ullswater Ln

City State Zip Code  
Windermere FL 34786-5411

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2010

**Transaction ID:** C922629

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 13049 Water Pt Blvd

City State Zip Code  
Windermere FL 34786-5818

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

Name of Employer Occupation  
FL Hosp Altamonte Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 21 / 2010

**Transaction ID:** C922620

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1737 Sheffield Rd

City State Zip Code  
Birmingham MI 48009-7224

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

Name of Employer Occupation  
Botsford Gen Hosp 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  
05 / 19 / 2010

**Transaction ID:** C920698

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 114 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William C Parks

Mailing Address 2501 Limerick Ln

City Columbia State MO Zip Code 65203-1990

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

Name of Employer: Emergency Physicians of Mid Missouri  
Occupation: physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 29 / 2010  
Transaction ID: C947323  
Amount of Each Receipt this Period: 125.00

**B.**

Full Name (Last, First, Middle Initial)  
Chirag G G Patel

Mailing Address 20 Aqueduct PI

City Howell State NJ Zip Code 07731-2400

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

Name of Employer: Dr. Chirag G Patel  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: C929204  
Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Nilesh Patel

Mailing Address 520 W 43rd St Apt 27J  
Apt 27J

City New York State NY Zip Code 10036-4355

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

Name of Employer: St Josephs Regl Med Ctr  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 25 / 2010  
Transaction ID: C926257  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **875.00**

**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 115 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Charles F F Pattavina

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

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

Name of Employer St Joseph Hosp      Occupation 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 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913375

Amount of Each Receipt this Period  
250.00

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

Mailing Address 4199 Douglass Way

City State Zip Code  
USAF Academy CO 80840-1099

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

Name of Employer HQ Air Force Space Command      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      499.98

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913303

Amount of Each Receipt this Period  
83.33

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

Mailing Address 4199 Douglass Way

City State Zip Code  
USAF Academy CO 80840-1099

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

Name of Employer HQ Air Force Space Command      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      499.98

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926297

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **416.66**

**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 116 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lee E E Payne

Mailing Address 4199 Douglass Way

City State Zip Code  
USAF Academy CO 80840-1099

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

Name of Employer Occupation  
HQ Air Force Space Command Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947324

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Daniel Eugene Eugene Peckenpaugh

Mailing Address 4107 Woodcreek Ct

City State Zip Code  
Colleyville TX 76034-4101

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

Name of Employer Occupation  
HEB Emergicare PA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 0

Transaction ID: C933050

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Nathan Phillip Phillip Peimann

Mailing Address PO Box 20150

City State Zip Code  
Juneau AK 99802-0150

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

Name of Employer Occupation  
Bartlett Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 525.00

Date of Receipt

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

Transaction ID: C947036

Amount of Each Receipt this Period

525.00

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

1608.33

**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 117 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

Mailing Address 1768 Elizabeths Walk

City State Zip Code  
Winter Park FL 32789-5948

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 21 / 2010

**Transaction ID:** C922638

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 1649 Glendola Rd

City State Zip Code  
Wall NJ 07719-4505

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

Name of Employer Occupation  
Comm Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C929215

Amount of Each Receipt this Period  
500.00

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

Mailing Address 59 Windswept Way

City State Zip Code  
Coventry CT 06238-3622

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

Name of Employer Occupation  
Windham Cmnty Meml Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913301

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1583.33**

**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 118 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code  
Coventry CT 06238-3622

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

Name of Employer Occupation  
Windham Cmnty Meml Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID: C926298**

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code  
Coventry CT 06238-3622

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

Name of Employer Occupation  
Windham Cmnty Meml Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID: C947325**

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
John E E Plastino

Mailing Address 642 W Brubaker Valley Rd #P

City State Zip Code  
Lititz PA 17543-9530

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

Name of Employer Occupation  
Lancaster General Hosp ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

**Transaction ID: C935219**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **416.66**

**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 119 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
S Scott Polsky

Mailing Address 5735 Whispering Trl

City Galena State OH Zip Code 43021-8049

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

Name of Employer Dr. S Scott Polsky Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 04 / 2010  
Transaction ID: C915434  
Amount of Each Receipt this Period 250.00

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

Mailing Address 1110 SW Ivanhoe Blvd Apt 17 Apt 17

City Orlando State FL Zip Code 32804-6370

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 21 / 2010  
Transaction ID: C922628  
Amount of Each Receipt this Period 1000.00

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

Mailing Address 40 Lane Rd

City Derry State NH Zip Code 03038-4194

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

Name of Employer Lancaster Regional Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt 04 / 28 / 2010  
Transaction ID: C913300  
Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1333.33

**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 120 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code  
Derry NH 03038-4194

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

Name of Employer Occupation  
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926299

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code  
Derry NH 03038-4194

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

Name of Employer Occupation  
Lancaster Regional Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947326

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Eva Prakash

Mailing Address 334 Gershwin Dr

City State Zip Code  
Houston TX 77079-7312

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

Name of Employer Occupation  
GHEP Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 12 / 2010

**Transaction ID:** C906131

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 266.66

**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 121 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Eva Prakash

Mailing Address 334 Gershwin Dr

City State Zip Code  
Houston TX 77079-7312

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

Name of Employer Occupation  
GHEP Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913298

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
John H Hannon Proctor

Mailing Address 320 Old Hickory Blvd #1200

City State Zip Code  
Nashville TN 37221-1310

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

Name of Employer Occupation  
Team Health Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 20 / 2010

**Transaction ID:** C921456

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher R R Pund

Mailing Address 872 Golden Bell Pl

City State Zip Code  
Lexington KY 40515-1198

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

Name of Employer Occupation  
Marshall Emer Svc Assoc PSC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 14 / 2010

**Transaction ID:** C935764

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

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

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

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

FOR LINE NUMBER: PAGE 122 / 210  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Josh W W Quaas	Date of Receipt MM / DD / YYYY 04 / 26 / 2010
	Mailing Address 99 State St # 2W Apt 2W	<b>Transaction ID:</b> C912374
	City State Zip Code Brooklyn NY 11201-5533	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer St Lukes Roosevelt Hosp 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	

<b>B.</b>	Full Name (Last, First, Middle Initial) Aaron Robert Robert Quinn	Date of Receipt MM / DD / YYYY 04 / 30 / 2010
	Mailing Address 14028 W Old River Trl	<b>Transaction ID:</b> C913343
	City State Zip Code Gulfport MS 39503-9046	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer USAF	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>C.</b>	Full Name (Last, First, Middle Initial) Joshua Quinones	Date of Receipt MM / DD / YYYY 06 / 30 / 2010
	Mailing Address 244 Poppy Ave	<b>Transaction ID:</b> C950884
	City State Zip Code Monrovia CA 91016-2426	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer LAC/USC Medical Ctr	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1550.00</b>
<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 123 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mohan Rajaratnam

Mailing Address 4559 Diplomat Drive

City State Zip Code  
Stow OH 44224

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

Name of Employer Occupation  
Stark County Emergency Physicians Emergency Room Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2010

Transaction ID: C943229

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela Ramsey

Mailing Address 11730 S Hagan St

City State Zip Code  
Olathe KS 66062-8023

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

Name of Employer Occupation  
Univ of KS Med Ctr Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

Transaction ID: C935204

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Masood A A Ranginwala

Mailing Address 13 Nevada Pl

City State Zip Code  
Bronxville NY 10708-5915

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

Name of Employer Occupation  
Stamford Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

Transaction ID: C950882

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 124 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
W Ravindran

Mailing Address 1012 Sheila Dr

City State Zip Code  
Toms River NJ 08753-3522

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

Name of Employer  
Comm Med Ctr ED

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C929189

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gordon Dean Reed

Mailing Address 10 Oakknoll Cir

City State Zip Code  
Newark DE 19711-2490

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

Name of Employer  
Doctors for Emer Svc

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** C904502

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
John Joseph Joseph Reed, Jr

Mailing Address 2917 Hybart St

City State Zip Code  
Fayetteville NC 28303-5916

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

Name of Employer  
Cape Fear Valley Med Ctr

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 07 / 2010

**Transaction ID:** C933048

Amount of Each Receipt this Period  
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 125 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Ian Reilly

Mailing Address 2317 Cambridge Ave

City State Zip Code  
Cardiff CA 92007-2001

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

Name of Employer Occupation  
Dr. Ian Reilly Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 225.00

Date of Receipt

M M / D D / Y Y Y Y  
06 / 10 / 2010

Transaction ID: C948490

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

William E E Reisinger, III

Mailing Address 2801 Chalford Cir NW

City State Zip Code  
North Canton OH 44720-8225

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

Name of Employer Occupation  
EMP Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
05 / 18 / 2010

Transaction ID: C920241

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

C Michael Remoll

Mailing Address 1754 Long Green Dr

City State Zip Code  
Annapolis MD 21409-5853

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

Name of Employer Occupation  
Anne Arundel Med Ctr 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  
06 / 17 / 2010

Transaction ID: C935566

Amount of Each Receipt this Period  
500.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Jessica Resnick  
Mailing Address 21112 Byron Rd  
City State Zip Code  
Shaker Heights OH 44122-2917  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Akron Gen Hosp Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt: 04 / 30 / 2010  
Transaction ID: C913342  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Marc C Restuccia  
Mailing Address 13 Elliott Rd  
City State Zip Code  
Sterling MA 01564-2005  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Univ of MA Medical Center ED Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt: 06 / 30 / 2010  
Transaction ID: C947703  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey A A Rey  
Mailing Address 32 Hyannis  
City State Zip Code  
Laguna Niguel CA 92677-4770  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mission Hosp Regl Med Ctr ED Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt: 06 / 18 / 2010  
Transaction ID: C936460  
Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1625.00  
**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 127 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Gonzalo Reyes

Mailing Address 250 Treeline Park # 505  
Apt 8C

City San Antonio State TX Zip Code 78209-7406

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

Name of Employer Baystate Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 08 / 2010  
Transaction ID: C938935  
Amount of Each Receipt this Period 100.00

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

Mailing Address 14 Hoffman St

City Maplewood State NJ Zip Code 07040-1114

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

Name of Employer EMA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 26 / 2010  
Transaction ID: C912379  
Amount of Each Receipt this Period 250.00

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

Mailing Address 14 Hoffman St

City Maplewood State NJ Zip Code 07040-1114

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

Name of Employer EMA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 07 / 2010  
Transaction ID: C935548  
Amount of Each Receipt this Period 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 210  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A.** Full Name (Last, First, Middle Initial)  
Barbara J Reynolds  
Mailing Address 5009 Lexington Rd  
City Paris State KY Zip Code 40361-9046  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Team Health Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 27 / 2010  
Transaction ID: C926127  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Cheryl S S Reynolds  
Mailing Address 996 Oakpoint Cir  
City Apopka State FL Zip Code 32712-3706  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FL Emer Phys Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 21 / 2010  
Transaction ID: C922623  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew M M Rice  
Mailing Address 8320 Goodmand Drive NW  
City Gig Harbor State WA Zip Code 98332-9564  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Team Health Occupation Doctor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 05 / 28 / 2010  
Transaction ID: C926399  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00  
**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 129 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Michael Steven Steven Ritter

Mailing Address 321 Poppy Ave

City State Zip Code  
Corona Del Mar CA 92625-3024

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

Name of Employer Occupation  
Mission Hospital Reg Med Ctr 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 5 / 1 1 / 2 0 1 0

Transaction ID: C917777

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Allen L L Roberts

Mailing Address 9125 Benview Ct

City State Zip Code  
Fort Worth TX 76126-4305

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

Name of Employer Occupation  
EMC Ltd Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 5 / 2 0 1 0

Transaction ID: C935210

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Richard Dean Dean Robinson

Mailing Address 3913 Regency Dr

City State Zip Code  
Deer Park TX 77536-6190

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

Name of Employer Occupation  
Univ of TX at Houston Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 0

Transaction ID: C933703

Amount of Each Receipt this Period

1000.00

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

2500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 130 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Claudette Rodriguez		Date of Receipt MM / DD / YYYY 06 / 03 / 2010
Mailing Address 519 W 6th St Apt 108D		<b>Transaction ID:</b> C933680
City Tempe	State AZ	Zip Code 85281-2862
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Dr. Claudette Rodriguez	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

**B.**

Full Name (Last, First, Middle Initial) Maritza Rodriguez		Date of Receipt MM / DD / YYYY 05 / 21 / 2010
Mailing Address 2336 Kettle Dr		<b>Transaction ID:</b> C922612
City Orlando	State FL	Zip Code 32835-8129
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer FL Emer 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	

**C.**

Full Name (Last, First, Middle Initial) Brian G G Rogers		Date of Receipt MM / DD / YYYY 04 / 28 / 2010
Mailing Address 21993 Deer Park Dr		<b>Transaction ID:</b> C913263
City Chugiak	State AK	Zip Code 99567-5326
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Dr. Brian G Rogers	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1600.00
<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 131 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Adil M M Roomi		Date of Receipt MM / DD / YYYY 04 / 08 / 2010
Mailing Address Community Med Ctr 99 Route 37 E		Transaction ID: C904900
City Toms River	State NJ	
Zip Code 08753-6672		Amount of Each Receipt this Period 400.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00
Name of Employer Community Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) Adil M M Roomi		Date of Receipt MM / DD / YYYY 05 / 27 / 2010
Mailing Address Community Med Ctr 99 Route 37 E		Transaction ID: C929216
City Toms River	State NJ	
Zip Code 08753-6672		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 900.00
Name of Employer Community Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau		Date of Receipt MM / DD / YYYY 06 / 29 / 2010
Mailing Address Lehigh Valley Hosp PO Box 689 JDMCC Ste 214		Transaction ID: C947328
City Allentown	State PA	
Zip Code 18105-1556		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00
Name of Employer Lehigh Valley Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1150.00
<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 132 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Roshon

Mailing Address 330 Wedgewood Ct

City State Zip Code  
Colorado Springs CO 80906-4326

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

Name of Employer Occupation  
Dr. Michael Roshon Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C947725

Amount of Each Receipt this Period  
500.00

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

Mailing Address 15340 Raton Rd

City State Zip Code  
Colorado Spgs CO 80921-2140

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

Name of Employer Occupation  
Front EM Specialties Inc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913374

Amount of Each Receipt this Period  
250.00

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

Mailing Address 178 Adelpia Rd

City State Zip Code  
Farmingdale NJ 07727-3523

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

Name of Employer Occupation  
Cmnty Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 27 / 2010

**Transaction ID:** C929190

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

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

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

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

FOR LINE NUMBER: PAGE 133 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Patricia A A Ryan

Mailing Address 7040 E Soyaluna Pl

City Tucson State AZ Zip Code 85715-3342

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

Name of Employer Northwest Tucson Emerg Phy Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 25 / 2010  
Transaction ID: C926240  
Amount of Each Receipt this Period 500.00

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

Mailing Address 253 Dover Rd

City Manhasset State NY Zip Code 11030-3709

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

Name of Employer North Shore Univ Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 04 / 24 / 2010  
Transaction ID: C910128  
Amount of Each Receipt this Period 84.00

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

Mailing Address 253 Dover Rd

City Manhasset State NY Zip Code 11030-3709

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

Name of Employer North Shore Univ Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt 05 / 24 / 2010  
Transaction ID: C922464  
Amount of Each Receipt this Period 84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 668.00

**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 134 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

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

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2010

**Transaction ID:** C941016

Amount of Each Receipt this Period  
84.00

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

Mailing Address 2587 Gardenia Dr

City State Zip Code  
Columbus OH 43235-5519

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

Name of Employer Occupation  
Premier Hlth Care Svcs Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** C931857

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2587 Gardenia Dr

City State Zip Code  
Columbus OH 43235-5519

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

Name of Employer Occupation  
Premier Hlth Care Svcs Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C950881

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **434.00**

**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 135 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Marc Santambrosio

Mailing Address 7965 S Park Pl

City State Zip Code  
Orlando FL 32819-4885

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	1	0

**Transaction ID:** C922648

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 415 E Pine St Unit 1126  
Unit 4057

City State Zip Code  
Orlando FL 32801-6623

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary    General  
 Other (specify) ▼ 1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	1	/	2	0	1	0

**Transaction ID:** C922647

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 747 52nd St

City State Zip Code  
Oakland CA 94609-1809

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

Name of Employer Occupation  
Childrens Hosp of Oakland ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary    General  
 Other (specify) ▼ 300.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	0

**Transaction ID:** C945037

Amount of Each Receipt this Period  
100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 136 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Augusta J J Saulys

Mailing Address 747 52nd St

City State Zip Code  
Oakland CA 94609-1809

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

Name of Employer Occupation  
Childrens Hosp of Oakland  
ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C947750

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas L L Schaar

Mailing Address 1318 Gasparilla Dr

City State Zip Code  
Ft Myers FL 33901-7712

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

Name of Employer Occupation  
S Gulf Coast Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 7 / 2 0 1 0

Transaction ID: C904542

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dean E E Schanen

Mailing Address 41 Tiburon St

City State Zip Code  
The Hills TX 78738

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

Name of Employer Occupation  
Dr. Dean E Schanen Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 6 / 2 0 1 0

Transaction ID: C904516

Amount of Each Receipt this Period

250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 137 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Dean E E Schanen

Mailing Address 41 Tiburon St

City State Zip Code  
The Hills TX 78738

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

Name of Employer Occupation  
Dr. Dean E Schanen Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C946484

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Nathaniel R R Schlicher

Mailing Address 1012 Sharewood Ct

City State Zip Code  
Kettering OH 45429-4409

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

Name of Employer Occupation  
Wright State Univ Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947330

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Keith T T Schwager

Mailing Address 2024 Cherrydale Ave

City State Zip Code  
Baton Rouge LA 70808-2817

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

Name of Employer Occupation  
Natchez After Hours Clinic Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** C915438

Amount of Each Receipt this Period  
1500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1850.00**

**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 138 / 210  
(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)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Regan Andre Andre Schwartz

Mailing Address 2446 Westminster Ter

City Oviedo State FL Zip Code 32765-7503

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

Name of Employer FL Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 21 / 2010  
Transaction ID: C922652  
Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
David Charles Charles Seaberg

Mailing Address Univ TN Colg of Med-Deans Ofc  
960 E 3rd St Ste 100

City Chattanooga State TN Zip Code 37403-2133

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

Name of Employer Univ TN Colg of Med-Deans Ofc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 28 / 2010  
Transaction ID: C929777  
Amount of Each Receipt this Period: 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Hitesh M Shah

Mailing Address 1605 Green View Way

City Toms River State NJ Zip Code 08753-7325

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

Name of Employer Univ Connecticut Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: C929218  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 139 / 210  
(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) Sambhav Shah		Date of Receipt MM / DD / YYYY 05 / 26 / 2010
Mailing Address 11347 S Forest Dr		<b>Transaction ID:</b> C926230
City Concord	State OH	Zip Code 44077-8958
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Lake West 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	

**B.**

Full Name (Last, First, Middle Initial) Sambhav Shah		Date of Receipt MM / DD / YYYY 06 / 18 / 2010
Mailing Address 11347 S Forest Dr		<b>Transaction ID:</b> C936459
City Concord	State OH	Zip Code 44077-8958
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Lake West 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) Sambhav Shah		Date of Receipt MM / DD / YYYY 06 / 18 / 2010
Mailing Address 11347 S Forest Dr		<b>Transaction ID:</b> C947253
City Concord	State OH	Zip Code 44077-8958
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
Name of Employer Lake West 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	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>300.00</b>
<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 140 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.**

Full Name (Last, First, Middle Initial)  
Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs CT 06268-2756

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

Name of Employer Occupation  
Windham Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

**Transaction ID:** C913373

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs CT 06268-2756

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

Name of Employer Occupation  
Windham Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

**Transaction ID:** C926300

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs CT 06268-2756

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

Name of Employer Occupation  
Windham Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

**Transaction ID:** C947331

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **249.99**

**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 141 / 210  
(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)  
Adhi N N Sharma

Mailing Address 53 Nottingham Rd

City State Zip Code  
New Hyde Park NY 11040-2212

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

Name of Employer Good Samaritan Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C947700

Amount of Each Receipt this Period 250.00

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

Mailing Address 329 Hawkinsridge Ln

City State Zip Code  
Cincinnati OH 45230

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

Name of Employer emergency care physicians of n Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
04 / 06 / 2010

**Transaction ID:** C904506

Amount of Each Receipt this Period 150.00

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

Mailing Address 329 Hawkinsridge Ln

City State Zip Code  
Cincinnati OH 45230

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

Name of Employer emergency care physicians of n Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
06 / 01 / 2010

**Transaction ID:** C931853

Amount of Each Receipt this Period 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Brian Howard Howard Shear

Mailing Address 1015 Harrison St

City State Zip Code  
Denver CO 80206-3516

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

Name of Employer Occupation  
Exempla Lutheran Med Ctr 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 4 / 1 6 / 2 0 1 0

Transaction ID: C906484

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Paul M M Sheehan

Mailing Address 2246 Court Ave

City State Zip Code  
Memphis TN 38104-3001

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

Name of Employer Occupation  
TeamHealth Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 1 / 2 0 1 0

Transaction ID: C921461

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul M M Sheehan

Mailing Address 2246 Court Ave

City State Zip Code  
Memphis TN 38104-3001

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

Name of Employer Occupation  
TeamHealth Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 0

Transaction ID: C930092

Amount of Each Receipt this Period  
100.00

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

1350.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 143 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
William K K Sheffield

Mailing Address 5922 S 1000 E

City State Zip Code  
South Ogden UT 84405-7200

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

Name of Employer Occupation  
EPIC LLC Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
04 / 22 / 2010

**Transaction ID:** C908823

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
William K K Sheffield

Mailing Address 5922 S 1000 E

City State Zip Code  
South Ogden UT 84405-7200

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

Name of Employer Occupation  
EPIC LLC Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

**Transaction ID:** C935196

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Gregory M M Shipkey

Mailing Address 3212 Callaway Dr

City State Zip Code  
Midland TX 79707-5038

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

Name of Employer Occupation  
Medical Center Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** C918039

Amount of Each Receipt this Period  
2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 144 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Randolph M M Shiraiishi

Mailing Address 8944 Echo Ridge Dr

City State Zip Code  
Las Vegas NV 89117-5400

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

Name of Employer Occupation  
Dr. Randolph M Shiraiishi Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C945410

Amount of Each Receipt this Period  
100.00

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

Mailing Address 720 Cramer Ave

City State Zip Code  
Lexington KY 40502-1412

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

Name of Employer Occupation  
Univ of KY - Lexington Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 11 / 2010

**Transaction ID:** C941155

Amount of Each Receipt this Period  
100.00

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

Mailing Address 720 Cramer Ave

City State Zip Code  
Lexington KY 40502-1412

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

Name of Employer Occupation  
Univ of KY - Lexington Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2010

**Transaction ID:** C935215

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **700.00**

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 145 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Harvey Neal Neal Sievers</p> <p>Mailing Address 6059 S Madison St</p> <p>City State Zip Code Burr Ridge IL 60527-5166</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Glen Oaks Hosp Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">250.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 17 / 2010</span></p> <p><b>Transaction ID:</b> C935569</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">250.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Erin Simon</p> <p>Mailing Address 400 Wabash Ave</p> <p>City State Zip Code Akron OH 44307-2433</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Akron Gen Med Ctr Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">06 / 29 / 2010</span></p> <p><b>Transaction ID:</b> C945301</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Weylin Sing</p> <p>Mailing Address Florida Hosp 1051 Winderley Pl Ste 103</p> <p>City State Zip Code Orlando FL 32803-1248</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation FL Emer Phys Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">05 / 21 / 2010</span></p> <p><b>Transaction ID:</b> C922627</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>
--	---

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">1750.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 146 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Arun Jyoti Jyoti Singh  
Mailing Address 7 Matthew Ct

City State Zip Code  
Creamridge NJ 08514-1525

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

Name of Employer Community Med Ctr      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: C929201  
Amount of Each Receipt this Period: 500.00

**B.** Full Name (Last, First, Middle Initial)  
Chetna Singh  
Mailing Address 7 Matthew Ct

City State Zip Code  
Creamridge NJ 08514-1525

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

Name of Employer Community Medical Center      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 27 / 2010  
Transaction ID: C929212  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Siva Sivanesan  
Mailing Address 765 Bear Creek Cir

City State Zip Code  
Winter Springs FL 32708-3892

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

Name of Employer Dr. Siva Sivanesan      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 21 / 2010  
Transaction ID: C922632  
Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 147 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Don L L Slack

Mailing Address 1415 E Kincaid St

City State Zip Code  
Mt Vernon WA 98274-4126

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

Name of Employer Occupation  
Skagit Valley Hosp 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  
0 6 / 0 9 / 2 0 1 0

Transaction ID: C931741

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Teal Teal Slaughter

Mailing Address 1930 Village Center Cir Ste 3

City State Zip Code  
Las Vegas NV 89134-6245

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

Name of Employer Occupation  
Dr. Kevin Teal Slaughter 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  
0 6 / 3 0 / 2 0 1 0

Transaction ID: C950873

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 11557-1136

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

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913371

Amount of Each Receipt this Period

100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926301

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 11557-1136

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

Name of Employer North Shore Univ Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947334

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

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

Name of Employer Wheeling Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913269

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **300.00**

**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 149 / 210

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926266

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
06 / 22 / 2010

**Transaction ID:** C943218

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY  
06 / 29 / 2010

**Transaction ID:** C947336

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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 150 / 210  
(check only one)

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

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

**A.** Full Name (Last, First, Middle Initial)  
Peter Erik Erik Sokolove

Mailing Address 3889 Exmoor Cir

City State Zip Code  
Sacramento CA 95864-5904

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

Name of Employer Occupation  
Univ of CA - Davis Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
04 / 28 / 2010

**Transaction ID:** C913271

Amount of Each Receipt this Period  
250.00

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

Mailing Address 1220 S Phillips Ave

City State Zip Code  
Sioux Falls SD 57105-0751

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

Name of Employer Occupation  
Avera McKennan Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** C926252

Amount of Each Receipt this Period  
250.00

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

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

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

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt  
MM / DD / YYYY  
06 / 04 / 2010

**Transaction ID:** C931724

Amount of Each Receipt this Period  
249.99

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **749.99**

**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 151 / 210  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

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

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947338

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Rajagopal Srinivasan

Mailing Address 815 Freeport Rd

City State Zip Code  
Pittsburgh PA 15215-3301

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

Name of Employer Occupation  
UPMC St Margaret Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: C933691

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Rajagopal Srinivasan

Mailing Address 815 Freeport Rd

City State Zip Code  
Pittsburgh PA 15215-3301

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

Name of Employer Occupation  
UPMC St Margaret Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: C950891

Amount of Each Receipt this Period

250.00

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

433.33

**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 152 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
John M M Stadnyk  
Mailing Address 3224 Avenham Ave  
City Roanoke State VA Zip Code 24014-1408  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SW Emer Phys Inc Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 06 / 30 / 2010  
Transaction ID: C950878  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
John R R Staley, Jr  
Mailing Address PO Box 30707  
City Knoxville State TN Zip Code 37930-0707  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emergency Coverage Corp Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 06 / 15 / 2010  
Transaction ID: C935193  
Amount of Each Receipt this Period 2000.00

**C.** Full Name (Last, First, Middle Initial)  
P Andrew Stephens  
Mailing Address 39 N Wheaton Rd  
City Akron State OH Zip Code 44313-3911  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Canton Aultman Emer Phys Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 25 / 2010  
Transaction ID: C926236  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2500.00  
**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Eric William Stern

Mailing Address 611 S Wells St  
#2403

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DES ED Attending

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 2 / 2 0 1 0

Transaction ID: C903254

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric William Stern

Mailing Address 611 S Wells St  
#2403

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DES ED Attending

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 2 / 2 0 1 0

Transaction ID: C913419

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric William Stern

Mailing Address 611 S Wells St  
#2403

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DES ED Attending

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 2 / 2 0 1 0

Transaction ID: C926822

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**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 154 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jennifer B B Stevenson

Mailing Address 38 Ridge Rd

City Pleasant Ridge State MI Zip Code 48069-1120

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Macomb Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 11 / 2010  
**Transaction ID:** C933425  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Angela L L Straface

Mailing Address 2214 Watercrest Dr

City Keller State TX Zip Code 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Arlington Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.69

Date of Receipt: 04 / 28 / 2010  
**Transaction ID:** C913268  
 Amount of Each Receipt this Period: 416.69

**C.** Full Name (Last, First, Middle Initial)  
James Suel

Mailing Address One Seal Harbor #613

City Winthrop State MA Zip Code 02152

FEC ID number of contributing federal political committee. **C**

Name of Employer Cambridge Health Alliance Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID:** C950886  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1666.69

**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 155 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Thomas Jerome Jerome Sugarman

Mailing Address 1563 Solano PMB 463

City State Zip Code  
Berkeley CA 94707-2116

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sutter Delta Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 05 / 2010

**Transaction ID:** C935512

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Erik Thomas Thomas Sundell

Mailing Address 1314 Seventh St

City State Zip Code  
New Orleans LA 70115-3319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Ochsner Clinic Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
05 / 18 / 2010

**Transaction ID:** C920253

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas A A Sweeney

Mailing Address 206 Fairhill Dr

City State Zip Code  
Wilmington DE 19808-4311

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Doctors for Emerg Svcs Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
05 / 13 / 2010

**Transaction ID:** C918034

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 700.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 210

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mark J J Tamsen

Mailing Address PO Box 370630  
Emergency Care Dynamics

City San Diego State CA Zip Code 92137-0630

FEC ID number of contributing federal political committee. C

Name of Employer: Emergency Care Dynamics Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: C947747

Amount of Each Receipt this Period: 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas N N Tannas

Mailing Address 6339 Red Fox Rd

City Pendleton State IN Zip Code 46064-8732

FEC ID number of contributing federal political committee. C

Name of Employer: EMGI Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 30 / 2010

Transaction ID: C913330

Amount of Each Receipt this Period: 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas N N Tannas

Mailing Address 6339 Red Fox Rd

City Pendleton State IN Zip Code 46064-8732

FEC ID number of contributing federal political committee. C

Name of Employer: EMGI Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 06 / 30 / 2010

Transaction ID: C950879

Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 2500.00

**TOTAL** This Period (last page this line number only) .....

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Minta Zulkey Zulkey Tauer

Mailing Address 10121 S 86th East Pl

City State Zip Code  
Tulsa OK 74133-6971

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Minta Zulkey Tauer Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
04 / 26 / 2010

Transaction ID: C912371

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Todd B Taylor

Mailing Address 2714 Westwood Ave

City State Zip Code  
Nashville TN 37212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Microsoft Corp Executive

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 06 / 2010

Transaction ID: C930063

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Edd D D Thomas

Mailing Address PO Box 680923

City State Zip Code  
Marietta GA 30068-0016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Edd D Thomas Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 21 / 2010

Transaction ID: C948321

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey B B Thompson  
Mailing Address PO Box 12779

City State Zip Code  
Beaumont TX 77726-2779

FEC ID number of contributing federal political committee. **C**

Name of Employer: Meml Herman Baptist Beaumont  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 05 / 12 / 2010  
**Transaction ID:** C917925  
 Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey B B Thompson  
Mailing Address PO Box 12779

City State Zip Code  
Beaumont TX 77726-2779

FEC ID number of contributing federal political committee. **C**

Name of Employer: Meml Herman Baptist Beaumont  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 06 / 02 / 2010  
**Transaction ID:** C932039  
 Amount of Each Receipt this Period: 300.00

**C.** Full Name (Last, First, Middle Initial)  
Mario Elizabeth Elizabeth Trabulsy  
Mailing Address 1086 Braeloch Rd

City State Zip Code  
Colchester VT 05446-7478

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. Mario Elizabeth Trabulsy  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 06 / 17 / 2010  
**Transaction ID:** C935568  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1800.00

**TOTAL** This Period (last page this line number only) ..... ►

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Kim E E Tranquada  
Mailing Address 726 W Sand Rake Dr  
City Oro Vly State AZ Zip Code 85755-6799  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emer Med Assoc Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 08 / 2010  
Transaction ID: C933055  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Scott M M Urban  
Mailing Address 61 Marshall  
City Egg Harbor Townshi State NJ Zip Code 08234-6018  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Atlantic City Medical Center Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 25 / 2010  
Transaction ID: C926254  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Vikram Varma  
Mailing Address 10 Georjean Dr  
City Holmdel State NJ Zip Code 07733-1604  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Community Med Ctr Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 05 / 27 / 2010  
Transaction ID: C929221  
Amount of Each Receipt this Period 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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 160 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mary Jo Jo Wagner

Mailing Address 5425 Nottingham N

City State Zip Code  
Saginaw MI 48603-2821

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Synergy Med Educ Alliance Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947689

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ray Walther

Mailing Address 2779 Dewhurst Cove

City State Zip Code  
Germantown TN 38138-7323

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Methodist Univ Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 3 0 / 2 0 1 0

Transaction ID: C913344

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Neil Wang

Mailing Address 1407 Coventry Close

City State Zip Code  
E Lansing MI 48823-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Neil Wang 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  
0 6 / 0 3 / 2 0 1 0

Transaction ID: C929243

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

800.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Paige Waslewski

Mailing Address 9811 N 131st PI

City State Zip Code  
Scottsdale AZ 85259-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Scottsdale Emerg Assoc 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 4 / 0 9 / 2 0 1 0

Transaction ID: C918082

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Cynthia Paige Waslewski

Mailing Address 9811 N 131st PI

City State Zip Code  
Scottsdale AZ 85259-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Scottsdale Emerg Assoc 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 5 / 2 5 / 2 0 1 0

Transaction ID: C926244

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Nathan P P Watkins

Mailing Address 615 Williams St

City State Zip Code  
Denver CO 80218-3641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lutheran Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 0

Transaction ID: C926265

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 162 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Matthew J J Watson

Mailing Address 1280 Longpointe Pass

City State Zip Code  
Alpharetta GA 30005-2284

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Matthew J Watson 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  
0 4 / 2 8 / 2 0 1 0

Transaction ID: C913372

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David A A Wein

Mailing Address 116 22nd Ave NE

City State Zip Code  
St Petersburg FL 33704-4543

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
USF - Div of Emer Med 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  
0 6 / 0 9 / 2 0 1 0

Transaction ID: C938929

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael J J Werdmann

Mailing Address 240 Porters Hill Rd

City State Zip Code  
Monroe CT 06468-2236

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Bridgeport Hosp ED 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  
0 6 / 2 9 / 2 0 1 0

Transaction ID: C947339

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) .....

875.00

**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 163 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Adrian Meade Meade Whorton

Mailing Address 4533 W Laurel Dr NE

City State Zip Code  
Seattle WA 98105-3840

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Evergreen Hosp ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
05 / 26 / 2010

**Transaction ID:** C930085

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Steven R R Wilner

Mailing Address PO Box 5087

City State Zip Code  
Frisco CO 80443-5087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vail Valley Emerg Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 03 / 2010

**Transaction ID:** C931733

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Daryl D D Wilson

Mailing Address 801 S Washington St  
Edward Hosp

City State Zip Code  
Naperville IL 60540-7430

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Edward Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
06 / 08 / 2010

**Transaction ID:** C933060

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **800.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Daryl D D Wilson

Mailing Address 801 S Washington St  
Edward Hosp

City Naperville State IL Zip Code 60540-7430

FEC ID number of contributing federal political committee. **C**

Name of Employer Edward Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 06 / 11 / 2010  
**Transaction ID: C948393**  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Neil E E Winston

Mailing Address 1476C S Prairie Ave  
Unit C

City Chicago State IL Zip Code 60605-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Neil E Winston Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 08 / 2010  
**Transaction ID: C933053**  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael D D Witting

Mailing Address 8391 Windtree Ct

City Millersville State MD Zip Code 21108-1492

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of MD Emer Med Assoc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 03 / 2010  
**Transaction ID: C931736**  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Curtice Wong  
Mailing Address 2012 Highland Ave  
City State Zip Code  
Manhattan Beach CA 90266-4562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Torrance Emer Phys Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 125.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 0 8 / 2 0 1 0  
Transaction ID: C904904  
Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Curtice Wong  
Mailing Address 2012 Highland Ave  
City State Zip Code  
Manhattan Beach CA 90266-4562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Torrance Emer Phys Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 125.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 1 3 / 2 0 1 0  
Transaction ID: C906462  
Amount of Each Receipt this Period  
-500.00

**C.** Full Name (Last, First, Middle Initial)  
Curtice Wong  
Mailing Address 2012 Highland Ave  
City State Zip Code  
Manhattan Beach CA 90266-4562  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Torrance Emer Phys Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 125.00  
Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 8 / 2 0 1 0  
Transaction ID: C913277  
Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 125.00  
**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 166 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John D D Wood

Mailing Address 2844 Latham Dr

City State Zip Code  
Sacramento CA 95864-7109

FEC ID number of contributing federal political committee. **C**

Name of Employer: Emerg Phys Med Gp      Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 04 / 28 / 2010  
**Transaction ID: C913258**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
John D D Wood

Mailing Address 2844 Latham Dr

City State Zip Code  
Sacramento CA 95864-7109

FEC ID number of contributing federal political committee. **C**

Name of Employer: Emerg Phys Med Gp      Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 06 / 30 / 2010  
**Transaction ID: C947104**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Stephanie K K Wood

Mailing Address 343 N Roscoe Blvd

City State Zip Code  
Ponte Vedra FL 32082-2145

FEC ID number of contributing federal political committee. **C**

Name of Employer: Orange Park Medical Center      Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 26 / 2010  
**Transaction ID: C912378**  
 Amount of Each Receipt this Period: 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1350.00**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 167 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial) Daniel Woodard		Date of Receipt MM / DD / YYYY 05 / 11 / 2010
Mailing Address Bionetics Corp Mail Code BIO-1		Transaction ID: C917646
City Kennedy Sp Ctr	State Zip Code FL 32899-0001	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bionetics Corp	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) James Patrick Woods		Date of Receipt MM / DD / YYYY 04 / 27 / 2010
Mailing Address 59668 S Sumner Rd		Transaction ID: C912352
City Coos Bay	State Zip Code OR 97420-8415	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bay Area 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) Clark Dayton Dayton York		Date of Receipt MM / DD / YYYY 06 / 30 / 2010
Mailing Address 7055 N 23rd Way		Transaction ID: C947724
City Phoenix	State Zip Code AZ 85020-5619	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer John C Lincoln Hosp Deer Vly	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>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>750.00</b>
<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 168 / 210  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Jeffrey Yosten

Mailing Address 2815 Pinnacle Dr

City Norfolk State NE Zip Code 68701-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Faith Regl Hlth Svcs Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 04 / 26 / 2010  
Transaction ID: C912366  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Yosten

Mailing Address 2815 Pinnacle Dr

City Norfolk State NE Zip Code 68701-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Faith Regl Hlth Svcs Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 05 / 11 / 2010  
Transaction ID: C917654  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Yosten

Mailing Address 2815 Pinnacle Dr

City Norfolk State NE Zip Code 68701-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Faith Regl Hlth Svcs Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 06 / 10 / 2010  
Transaction ID: C935379  
Amount of Each Receipt this Period: 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Lisa Dyan Dyan Yosten

Mailing Address 2815 Pinnacle Dr

City Norfolk State NE Zip Code 68701-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Faith Regl Hlth Svcs Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 4 / 2 6 / 2 0 1 0

**Transaction ID:** C912365

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa Dyan Dyan Yosten

Mailing Address 2815 Pinnacle Dr

City Norfolk State NE Zip Code 68701-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Faith Regl Hlth Svcs Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 1 1 / 2 0 1 0

**Transaction ID:** C917653

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lisa Dyan Dyan Yosten

Mailing Address 2815 Pinnacle Dr

City Norfolk State NE Zip Code 68701-6503

FEC ID number of contributing federal political committee. **C**

Name of Employer Faith Regl Hlth Svcs Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 0

**Transaction ID:** C929576

Amount of Each Receipt this Period  
100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 210  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. C

Name of Employer  
Dr. Shane Edward Zatkalik

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.03

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 23 / 2010

**Transaction ID:** C941566

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S  
Apt 2

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. C

Name of Employer  
Health Partners

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M / D D / Y Y Y Y  
04 / 28 / 2010

**Transaction ID:** C913281

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S  
Apt 2

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. C

Name of Employer  
Health Partners

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
M M / D D / Y Y Y Y  
05 / 25 / 2010

**Transaction ID:** C926274

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... 266.66

**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 171 / 210  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S  
Apt 2

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Partners Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  
 M M / D D / Y Y Y Y  
 0 6 / 2 9 / 2 0 1 0

Transaction ID: C947690

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	83.33
<b>TOTAL</b> This Period (last page this line number only) .....	▶	208586.50

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 210  
(check only one)

<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 checked="" type="checkbox"/> 16

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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 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.65

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2010

**Transaction ID:** C952728

Amount of Each Receipt this Period  
4.42

**B.**

Full Name (Last, First, Middle Initial)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.65

Date of Receipt  
MM / DD / YYYY  
05 / 31 / 2010

**Transaction ID:** C952729

Amount of Each Receipt this Period  
8.00

**C.**

Full Name (Last, First, Middle Initial)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
455.65

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2010

**Transaction ID:** C952730

Amount of Each Receipt this Period  
361.27

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>373.69</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>373.69</b>

# 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 173 / 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Adler For Congress</p> <p>Mailing Address PO Box 1024</p> <p>City Mount Laurel State NJ Zip Code 08054</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Mr. John Adler</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94121 <b>Date of Disbursement</b> 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Allyson Y. Schwartz</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95650 <b>Date of Disbursement</b> 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC</p> <p>Mailing Address 426 C St NE</p> <p>City Washington State DC Zip Code 20002-5839</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ annual contribution</p>	<p><b>Transaction ID:</b> D94442 <b>Date of Disbursement</b> 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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 174 / 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95012 <b>Date of Disbursement</b> 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Bucshon for Congress</p> <p>Mailing Address PO Box 250</p> <p>City Newburgh State IN Zip Code 47629-0250</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95142 <b>Date of Disbursement</b> 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Cecile Bledsoe for Congress</p> <p>Mailing Address PO Box 624</p> <p>City Rogers State AR Zip Code 72757</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff</p>	<p><b>Transaction ID:</b> D94924 <b>Date of Disbursement</b> 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

13000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 175 / 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Chabot for Congress

Mailing Address 3339 Harrison Ave

City State Zip Code  
Cincinnati OH 45211

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: District:

Transaction ID: D93876  
Date of Disbursement

04 / 14 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City State Zip Code  
San Antonio TX 78212

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Charles A. Gonzalez

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: TX District: 20

Transaction ID: D95150  
Date of Disbursement

06 / 10 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)  
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City State Zip Code  
Cheshire CT 06410

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Christopher S. Murphy

011  
Category/  
Type

Office Sought:  House  Senate  President  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼  
State: CT District: 05

Transaction ID: D95006  
Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) ▶

7500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Congressman Waxman Campaign Committee</p> <p>Mailing Address 6380 Wilshire Blvd. #1612</p> <p>City Los Angeles State CA Zip Code 90048</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Henry A. Waxman</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 30</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94932 <b>Date of Disbursement</b> 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAM-PAC)</p> <p>Mailing Address 5915 Eastman Avenue Suite 100</p> <p>City Midland State MI Zip Code 48640</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94948 <b>Date of Disbursement</b> 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Dennis Ross for Congress</p> <p>Mailing Address P.O. Box 7310</p> <p>City Lakeland State FL Zip Code 33807</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94105 <b>Date of Disbursement</b> 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10000.00

**TOTAL** This Period (last page this line number only) ..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) DENT PAC	Transaction ID: D94443 Date of Disbursement 05 / 12 / 2010
	Mailing Address c/o Carole Goeas and Associates 1707 Prince Street, #5	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22314	
	Purpose of Disbursement Contributions for Federal PACs/Committees	011 Category/ Type
	Candidate Name Rep. Charles Dent	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Diana DeGette For Congress Inc.	Transaction ID: D95155 Date of Disbursement 06 / 10 / 2010
	Mailing Address P.O. Box 61337	Amount of Each Disbursement this Period 1000.00
	City Denver State CO Zip Code 80206	
	Purpose of Disbursement Contributions for Federal Candidates	
	Candidate Name Rep. Diana DeGette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Diana DeGette For Congress Inc.	Transaction ID: D95156 Date of Disbursement 06 / 10 / 2010
	Mailing Address P.O. Box 61337	Amount of Each Disbursement this Period 1500.00
	City Denver State CO Zip Code 80206	
	Purpose of Disbursement Contributions for Federal candidates	011 Category/ Type
	Candidate Name Rep. Diana DeGette	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) DIRIGO PAC	Transaction ID: D94117 Date of Disbursement 04 / 28 / 2010
	Mailing Address PO Box 1355	Amount of Each Disbursement this Period 2500.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Duncan for Congress	Transaction ID: D95143 Date of Disbursement 06 / 10 / 2010
	Mailing Address PO Box 732	Amount of Each Disbursement this Period 2500.00
	City Clinton State SC Zip Code 29325	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

C.	Full Name (Last, First, Middle Initial) EDPAC	Transaction ID: D94945 Date of Disbursement 05 / 26 / 2010
	Mailing Address 499 S. Capitol Street, SW	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: D94923 Date of Disbursement 05 / 26 / 2010
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 5000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Blanche Lambert Lincoln	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Runoff

B.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: D94926 Date of Disbursement 05 / 26 / 2010
	Mailing Address PO Box 74	Amount of Each Disbursement this Period 1000.00
	City Syracuse State NY Zip Code 13214	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei	Transaction ID: D95465 Date of Disbursement 06 / 23 / 2010
	Mailing Address PO Box 74	Amount of Each Disbursement this Period 1500.00
	City Syracuse State NY Zip Code 13214	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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 180 / 210

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Friends of Joe Heck	Transaction ID: D95651 Date of Disbursement 06 / 30 / 2010
	Mailing Address P.O. Box 750114	Amount of Each Disbursement this Period 5000.00
	City Las Vegas State NV Zip Code 89136	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	Transaction ID: D94944 Date of Disbursement 05 / 26 / 2010
	Mailing Address PO Box 775	Amount of Each Disbursement this Period 1000.00
	City Unionville State PA Zip Code 19375	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Joseph R. Pitts	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Georgians For Isakson	Transaction ID: D94930 Date of Disbursement 05 / 26 / 2010
	Mailing Address P.O. Box 250116	Amount of Each Disbursement this Period 1000.00
	City Atlanta State GA Zip Code 30325	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Johnny Isakson	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Gillibrand for Senate	Transaction ID: D95009 Date of Disbursement 06 / 02 / 2010
	Mailing Address 3422 Porter Street, NW	Amount of Each Disbursement this Period 3000.00
	City Washington State DC Zip Code 20016	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Hatch Election Committee Inc	Transaction ID: D95458 Date of Disbursement 06 / 23 / 2010
	Mailing Address 175 South West Temple Suite 650	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84101	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Orrin G. Hatch	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Hoyer For Congress	Transaction ID: D95146 Date of Disbursement 06 / 10 / 2010
	Mailing Address 4201 Northview Dr, Ste 307	Amount of Each Disbursement this Period 2500.00
	City Bowie State MD Zip Code 20716	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Steny H. Hoyer	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8000.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Hultgren for Congress

Mailing Address 1118 East Main Street

City Saint Charles State IL Zip Code 60174

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95145  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
IDEAS PAC

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Annual contribution

Transaction ID: D93865  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
John D. Dingell For Congress Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John D. Dingell

Office Sought:  House  Senate  President  
State: MI District: 15

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D94942  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) .....

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Langevin For Congress	Transaction ID: D93862 Date of Disbursement 04 / 14 / 2010
	Mailing Address 181-A Knight St	Amount of Each Disbursement this Period 5000.00
	City Warwick State RI Zip Code 02886	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Mr. James Langevin	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: RI District: 02	

B.	Full Name (Last, First, Middle Initial) LEGPAC	Transaction ID: D93872 Date of Disbursement 04 / 14 / 2010
	Mailing Address 38 Ivy Street	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contributions for Federal PACs/Committees	011 Category/ Type
	Candidate Name Sen. Benjamin Cardin	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: MD District: 00	

C.	Full Name (Last, First, Middle Initial) LONE STAR LEADERSHIP PAC	Transaction ID: D95304 Date of Disbursement 06 / 16 / 2010
	Mailing Address 104 Hume Ave	Amount of Each Disbursement this Period 5000.00
	City Alexandria State VA Zip Code 22301-1015	
	Purpose of Disbursement Contributions to Federal PACs/Committees	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District:	Annual contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	15000.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Majority Initiative-Keep Electing Repubs Mailing Address PO Box 2485 City Springfield State VA Zip Code 22152 Purpose of Disbursement Contributions for Federal PACs/Committeese Candidate Name	Transaction ID: D95306 Date of Disbursement 06 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Category/ Type

<b>B.</b> Full Name (Last, First, Middle Initial) Martin Heinrich for Congress Mailing Address 2118 CENTRAL AVENUE SE #71 City ALBUQUERQUE State NM Zip Code 87106 Purpose of Disbursement Contributions for Federal Candidates Candidate Name	Transaction ID: D94116 Date of Disbursement 04 / 28 / 2010
	Amount of Each Disbursement this Period 1000.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

<b>C.</b> Full Name (Last, First, Middle Initial) MINNICK FOR CONGRESS Mailing Address 7964 W Fairview Avenue City Boise State ID Zip Code 83704 Purpose of Disbursement Contributions for Federal Candidates Candidate Name	Transaction ID: D94440 Date of Disbursement 05 / 12 / 2010
	Amount of Each Disbursement this Period 1500.00
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ID District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type 011

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7500.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Oliverio for Congress <hr/> Mailing Address P.O. Box 130 <hr/> City Dellslow State WV Zip Code 26531 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95461 Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 5035 Township Line Rd <hr/> City Drexel Hill State PA Zip Code 19026-4821 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D95148 Date of Disbursement M M / D D / Y Y Y Y 06 / 10 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Pat Meehan for Congress <hr/> Mailing Address 5035 Township Line Rd <hr/> City Drexel Hill State PA Zip Code 19026-4821 <hr/> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07 <hr/> Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D94110 Date of Disbursement M M / D D / Y Y Y Y 04 / 28 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

7500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) People for Enterprise/Trade/Econ Growth</p> <p>Mailing Address 7804 Evening Lane</p> <p>City Alexandria State VA Zip Code 22306</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D93873 <b>Date of Disbursement</b> 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SCHIFF FOR CONGRESS</p> <p>Mailing Address 15 S Raymond Ave Ste 204</p> <p>City Pasadena State CA Zip Code 91105-1980</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Adam B. Schiff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95648 <b>Date of Disbursement</b> 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MCCOLLUM FOR CONGRESS</p> <p>Mailing Address P.O. Box 14131</p> <p>City St. Paul State MN Zip Code 55114</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Betty McCollum</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95307 <b>Date of Disbursement</b> 06 / 16 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>BOB FILNER FOR CONGRESS</b>	<b>Transaction ID:</b> D93866
	Mailing Address P.O. Box 121480	Date of Disbursement MM / DD / YYYY 04 / 14 / 2010
	City Chula Vista State CA Zip Code 91912	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Bob Filner	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 51	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) <b>BRAD MILLER FOR UNITED STATES CONGRESS</b>	<b>Transaction ID:</b> D95305
	Mailing Address PO Box 10322	Date of Disbursement MM / DD / YYYY 06 / 16 / 2010
	City Raleigh State NC Zip Code 27605	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Brad Miller	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 13	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) <b>DUTCH RUPPERSBERGER FOR CONGRESS</b>	<b>Transaction ID:</b> D95646
	Mailing Address 22 West Padonia Road Suite C-141	Date of Disbursement MM / DD / YYYY 06 / 30 / 2010
	City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period 3000.00
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. C.A. Dutch Ruppensberger	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5500.00</b>
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS	Transaction ID: D94124 Date of Disbursement
	Mailing Address P.O. Box A	<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Rep. Christopher P. Carney	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS	Transaction ID: D94925 Date of Disbursement
	Mailing Address P.O. Box A	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="5000.00"/>
	Candidate Name Rep. Christopher P. Carney	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARNEY FOR CONGRESS	Transaction ID: D94949 Date of Disbursement
	Mailing Address P.O. Box A	<input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Clarks Summit State PA Zip Code 18411	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID CK #7300	<input type="text" value="-5000.00"/>
	Candidate Name Rep. Christopher P. Carney	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 10	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010	Transaction ID: D93864 Date of Disbursement 04 / 14 / 2010
	Mailing Address 2501 Wisconsin Ave., NW Number 304	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Dave Lee Camp	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT	Transaction ID: D93874 Date of Disbursement 04 / 14 / 2010
	Mailing Address P. O. Box 53322	Amount of Each Disbursement this Period 2500.00
	City Bellevue State WA Zip Code 98015	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Dave George Reichert	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DAVE REICHERT	Transaction ID: D95007 Date of Disbursement 06 / 02 / 2010
	Mailing Address P. O. Box 53322	Amount of Each Disbursement this Period 2500.00
	City Bellevue State WA Zip Code 98015	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Dave George Reichert	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7500.00
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF DAVE REICHERT</b>  Mailing Address P. O. Box 53322  City Bellevue State WA Zip Code 98015  Purpose of Disbursement Contributions for Federal Candidates  Candidate Name Rep. Dave George Reichert  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 08  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D95652 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 1 0	Amount of Each Disbursement this Period  2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>DAVID SCOTT FOR CONGRESS</b>  Mailing Address P.O. BOX 960821  City RIVERDALE State GA Zip Code 30296  Purpose of Disbursement Contributions for Federal Candidates  Candidate Name Rep. David A. Scott  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D95153 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period  1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>HELLER FOR CONGRESS</b>  Mailing Address PO Box 750580  City Las Vegas State NV Zip Code 89136-0580  Purpose of Disbursement Contributions for Federal Candidates  Candidate Name Rep. Dean Heller  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D94111 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period  3000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6500.00</b>
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>  Mailing Address P.O. Box 44369  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Erik Paulsen  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D94122 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period  2500.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ERIK PAULSEN</b>  Mailing Address P.O. Box 44369  City Eden Prairie State MN Zip Code 55344  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Erik Paulsen  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D94446 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period  1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>GEOFF DAVIS FOR CONGRESS</b>  Mailing Address 3161 Dixie Highway  City Erlanger State KY Zip Code 41018  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Geoff Davis  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D94115 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 0	Amount of Each Disbursement this Period  1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A. GERRY CONNOLLY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

GERRY CONNOLLY FOR CONGRESS

Transaction ID: D94120

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Mailing Address 729 15th Street, NW  
Ste 300

Amount of Each Disbursement this Period

1000.00
---------

City Washington State DC Zip Code 20005-2105

Purpose of Disbursement  
Contributions for Federal Candidates

011  
Category/  
Type

Candidate Name  
Rep. Gerry E. Connolly

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: VA District: 11

**B. FRIENDS OF GLENN NYE**

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN NYE

Transaction ID: D94113

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	0

Mailing Address 499 S Capitol St SW  
Ste 404

Amount of Each Disbursement this Period

1000.00
---------

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement  
Contributions for Federal Candidates

011  
Category/  
Type

Candidate Name  
Rep. Glenn C. Nye

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: VA District: 02

**C. JACKIE SPEIER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

JACKIE SPEIER FOR CONGRESS

Transaction ID: D94947

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	0

Mailing Address PO BOX 112

Amount of Each Disbursement this Period

1000.00
---------

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
Contributions for Federal Candidates

011  
Category/  
Type

Candidate Name  
Rep. Jackie Speier

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 12

**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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
JESSE JACKSON JR. FOR CONGRESS

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jesse L. Jackson, Jr.

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: IL District: 02

Transaction ID: D94454

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
JIM JORDAN FOR CONGRESS

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jim Jordan

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 04

Transaction ID: D94941

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**C.** Full Name (Last, First, Middle Initial)  
MATHESON FOR CONGRESS

Mailing Address PO Box 521048

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jim D. Matheson

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: UT District: 02

Transaction ID: D94112

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>MATHESON FOR CONGRESS</b>  Mailing Address PO Box 521048  City Salt Lake City State UT Zip Code 84152  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Jim D. Matheson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D95309 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 1 0	Amount of Each Disbursement this Period  1000.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>LARSON FOR CONGRESS</b>  Mailing Address c/o Brigette Workman 430 South Capitol Street, SE  City Washington State DC Zip Code 20003  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John B. Larson  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01  Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D95144 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 0 / 2 0 1 0	Amount of Each Disbursement this Period  2000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>JOHN SULLIVAN FOR CONGRESS INC</b>  Mailing Address P.O. Box 651374  City Sterling State VA Zip Code 20165-1374  Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John Sullivan  Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 01  Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D94943 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 5 / 2 6 / 2 0 1 0	Amount of Each Disbursement this Period  1500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<b>4500.00</b>	
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>COURTNEY FOR CONGRESS</b>	<b>Transaction ID:</b> D94108
	Mailing Address 38 Risley Road	Date of Disbursement 04 / 28 / 2010
	City Vernon State CT Zip Code 06066	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Joseph D. Courtney	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>KATHY DAHLKEMPER FOR CONGRESS</b>	<b>Transaction ID:</b> D95308
	Mailing Address PO Box 1045	Date of Disbursement 06 / 16 / 2010
	City Erie State PA Zip Code 16512	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Kathy Dahlkemper	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>LINCOLN DAVIS FOR CONGRESS</b>	<b>Transaction ID:</b> D94457
	Mailing Address PO Box 350	Date of Disbursement 05 / 12 / 2010
	City Jamestown State TN Zip Code 38556	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Lincoln Davis	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 730

City Honeoye State NY Zip Code 14471

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Louise McIntosh McIntosh Slaughter

Office Sought:  House  Senate  President  
State: NY District: 28  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95456  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	1	0

Amount of Each Disbursement this Period

2500.00
---------

**B. WOOLSEY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Lynn C. Woolsey

Office Sought:  House  Senate  President  
State: CA District: 06  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95140  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00
---------

**C. SCHAUER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Mark H. Schauer

Office Sought:  House  Senate  President  
State: MI District: 07  
Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95141  
Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00
---------

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

4500.00

**TOTAL** This Period (last page this line number only) ..... ▶

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>SCHAUER FOR CONGRESS</b>	<b>Transaction ID:</b> D94946
	Mailing Address PO Box 100	Date of Disbursement 05 / 26 / 2010
	City Battle Creek State MI Zip Code 49016	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Mark H. Schauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>SOUDER FOR CONGRESS INC.</b>	<b>Transaction ID:</b> D94123
	Mailing Address P.O. BOX 40233	Date of Disbursement 04 / 28 / 2010
	City FORT WAYNE State IN Zip Code 46804	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Cotnributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Mark E. Souder	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MARSHA BLACKBURN FOR CONGRESS INC.</b>	<b>Transaction ID:</b> D95157
	Mailing Address PO Box 682185	Date of Disbursement 06 / 10 / 2010
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Rep. Marsha Blackburn	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
MARY BONO MACK COMMITTEE

Mailing Address P.O. Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
Contributions for Federal Candidates

011  
Category/  
Type

Candidate Name  
Rep. Mary Bono Mack

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 45

Transaction ID: D94455  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**B.** Full Name (Last, First, Middle Initial)  
NANCY PELOSI FOR CONGRESS

Mailing Address 235 Montgomery Street

City State Zip Code  
San Francisco CA 94104

Purpose of Disbursement  
Contributions for Federal Candidates

011  
Category/  
Type

Candidate Name  
Rep. Nancy Pelosi

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 08

Transaction ID: D94453  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**C.** Full Name (Last, First, Middle Initial)  
PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City State Zip Code  
Levittown PA 19058

Purpose of Disbursement  
Contributions for Federal Candidates

011  
Category/  
Type

Candidate Name  
Rep. Patrick Murphy

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: PA District: 08

Transaction ID: D95147  
Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>BOB BRADY FOR CONGRESS</b></p> <p>Mailing Address 2000 Market Street Suite 500</p> <p>City PHILADELPHIA State PA Zip Code 19103</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Robert A. Brady</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94452 <b>Date of Disbursement</b> 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>ANDREWS FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address 215 Fourth Avenue</p> <p>City Haddon Heights State NJ Zip Code 08035</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Robert E. Andrews</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94927 <b>Date of Disbursement</b> 05 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>RODNEY ALEXANDER FOR CONGRESS INC.</b></p> <p>Mailing Address 104 Hume Ave</p> <p>City Alexandria State VA Zip Code 22301-1015</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95460 <b>Date of Disbursement</b> 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF ROSA DELAURO</b>	<b>Transaction ID: D95011</b>
	Mailing Address <b>12 TRUMBULL STREET</b>	Date of Disbursement MM / DD / YYYY <b>06 / 02 / 2010</b>
	City <b>NEW HAVEN</b> State <b>CT</b> Zip Code <b>06511</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contributions for Federal Candidates	<b>011</b> Category/ Type
	Candidate Name <b>Rep. Rosa L. DeLauro</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CT</b> District: <b>03</b>	

B.	Full Name (Last, First, Middle Initial) <b>CARNAHAN IN CONGRESS</b>	<b>Transaction ID: D95647</b>
	Mailing Address <b>7370 Manchester Rd STE 20</b>	Date of Disbursement MM / DD / YYYY <b>06 / 30 / 2010</b>
	City <b>St. Louis</b> State <b>MO</b> Zip Code <b>63143</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contributions for Federal Candidates	<b>011</b> Category/ Type
	Candidate Name <b>Rep. Russ Carnahan</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>MO</b> District: <b>03</b>	

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF FARR</b>	<b>Transaction ID: D93875</b>
	Mailing Address <b>555 Capitol Mall Suite 1425</b>	Date of Disbursement MM / DD / YYYY <b>04 / 14 / 2010</b>
	City <b>Sacramento</b> State <b>CA</b> Zip Code <b>95814</b>	Amount of Each Disbursement this Period <b>2500.00</b>
	Purpose of Disbursement Contributions for Federal Candidates	<b>011</b> Category/ Type
	Candidate Name <b>Rep. Sam Farr</b>	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: <b>CA</b> District: <b>17</b>	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: D94441 Date of Disbursement
	Mailing Address 2345 Grand, Suite 2400	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Sam B. Graves, Jr.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 06	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: D94447 Date of Disbursement
	Mailing Address PO Box 37	<input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Sander M. Levin	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: D95152 Date of Disbursement
	Mailing Address PO Box 37	<input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Sander M. Levin	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NC District: 09</p>	<p><b>Transaction ID:</b> D93863</p> <p>Date of Disbursement 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) TIM BISHOP FOR CONGRESS</p> <p>Mailing Address PO Box 437</p> <p>City Farmingville State NY Zip Code 11738</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Tim Bishop</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NY District: 01</p>	<p><b>Transaction ID:</b> D95008</p> <p>Date of Disbursement 06 / 02 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS</p> <p>Mailing Address 1600 Roosevelt Avenue</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Tim J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 17</p>	<p><b>Transaction ID:</b> D94107</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Republican Majority Fund</p> <p>Mailing Address PO Box 144</p> <p>City Alexandria State VA Zip Code 22313</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D94118 <b>Date of Disbursement</b> 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Road to Senate Victory Committee 2010</p> <p>Mailing Address 507 Capitol Ct NE Ste 100</p> <p>City Washington State DC Zip Code 20002-7705</p> <p>Purpose of Disbursement Contributions to Federal Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Joint Fundraising Co</p>	<p><b>Transaction ID:</b> D94450 <b>Date of Disbursement</b> 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Robin Smith for Tennessee</p> <p>Mailing Address PO Box 23805</p> <p>City Chattanooga State TN Zip Code 37422</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95159 <b>Date of Disbursement</b> 06 / 10 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Rogers For Congress</p> <p>Mailing Address PO Box 581 Post Office Box 581</p> <p>City Brighton State MI Zip Code 48116</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Michael J. Rogers</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MI District: 08</p>	<p><b>Transaction ID:</b> D95462</p> <p>Date of Disbursement 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ryan For Congress</p> <p>Mailing Address P. O. Box 1919</p> <p>City Janesville State WI Zip Code 53547</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Paul Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 01</p>	<p><b>Transaction ID:</b> D94456</p> <p>Date of Disbursement 05 / 12 / 2010</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MIKULSKI FOR SENATE COMMITTEE</p> <p>Mailing Address P O B 13147</p> <p>City BALTIMORE State MD Zip Code 21203</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Sen. Barbara A. Mikulski</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MD District: 00</p>	<p><b>Transaction ID:</b> D94109</p> <p>Date of Disbursement 04 / 28 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

6500.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary 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

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City METAIRIE State LA Zip Code 70011

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. David Vitter

Office Sought:  House  
 Senate  
 President

State: LA District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95459

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City LITTLE ROCK State AR Zip Code 72203

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Mark L. Pryor

Office Sought:  House  
 Senate  
 President

State: AR District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95457

Date of Disbursement

06 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
MCCONNELL SENATE COMMITTEE '08

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Mitch McConnell

Office Sought:  House  
 Senate  
 President

State: KY District: 00

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Transaction ID: D95010

Date of Disbursement

06 / 02 / 2010

Amount of Each Disbursement this Period

2500.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: D94119 Date of Disbursement
	Mailing Address 217 3rd St SE	<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003-1904	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Mr. Steve Stivers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stivers For Congress	Transaction ID: D95149 Date of Disbursement
	Mailing Address 217 3rd St SE	<input type="text" value="06"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20003-1904	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Mr. Steve Stivers	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Team Emerson For Jo Ann Emerson	Transaction ID: D94114 Date of Disbursement
	Mailing Address PO Box 822 P.O. Box 822	<input type="text" value="04"/> <input type="text" value="28"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Cape Girardeau State MO Zip Code 63702	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Jo Ann Emerson	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="6000.00"/>
<b>TOTAL</b> 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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Thoroughbred PAC</p> <p>Mailing Address 700 12th Street, NW Suite 700</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95464 <b>Date of Disbursement</b> 06 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Tiberi For Congress</p> <p>Mailing Address 2021 E Dublin Granville Road Suite 2000</p> <p>City Columbus State OH Zip Code 43229</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Patrick J. Tiberi</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D93871 <b>Date of Disbursement</b> 04 / 14 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Tim Murphy For Congress</p> <p>Mailing Address PO Box 24551</p> <p>City Pttsburgh State PA Zip Code 15234</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Tim F. Murphy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D95643 <b>Date of Disbursement</b> 06 / 30 / 2010</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

10000.00

**TOTAL** This Period (last page this line number only) ..... ▶



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Vine PAC	Transaction ID: D94451 Date of Disbursement 05 / 12 / 2010
	Mailing Address 236 Massachusetts Ave NE Ste 603	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20002-4971	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: D95463 Date of Disbursement 06 / 23 / 2010
	Mailing Address PO Box 5458	Amount of Each Disbursement this Period 1000.00
	City Springfield State IL Zip Code 62705	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. John M. Shimkus	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Wyoming Values PAC	Transaction ID: D94106 Date of Disbursement 04 / 28 / 2010
	Mailing Address PO Box 1665	Amount of Each Disbursement this Period 1000.00
	City Alexandria State VA Zip Code 22313	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7000.00
<b>TOTAL</b> This Period (last page this line number only) .....	257000.00

