

**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**

CITY

STATE

ZIP CODE

C00140061

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

07

01

2009

through

12

31

2009

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

01

25

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

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2009		464642.03
(b) Cash on Hand at Beginning of Reporting Period	552005.97	
(c) Total Receipts (from Line 19)	557548.32	1026319.22
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1109554.29	1490961.25
7. Total Disbursements (from Line 31)	294333.77	675740.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	815220.52	815220.52
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	7	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	W	Y
1	2	3	1	2	0	0	9

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)	339081.35	592564.49
(ii) Unitemized	217469.33	432126.01
(iii) TOTAL (add Lines 11(a)(i) and (ii)	556550.68	1024690.50
(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)	556550.68	1024690.50
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	950.00	950.00
17. Other Federal Receipts (Dividends, Interest, etc.)	47.64	678.72
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))	557548.32	1026319.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	557548.32	1026319.22

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	285500.00	655000.00	
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	700.00	700.00	
(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))	700.00	700.00	
29. Other Disbursements.....	8133.77	20040.73	
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))..	294333.77	675740.73	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	294333.77	675740.73	

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)	556550.68	1024690.50
34. Total Contribution Refunds (from Line 28(d))	700.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	555850.68	1023990.50
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:
(check only one)

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☒ 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)

Victor R R Abuel

Mailing Address 909 Ballantyne Rd

City

Gross Pointe Shore

State

MI

Zip Code

48236-1217

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Spec PC

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789465

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Agee

Mailing Address 2507 Shannon Dr

City

Valparaiso

State

IN

Zip Code

46383-2447

FEC ID number of contributing
federal political committee.

C

Name of Employer
Porter Meml Hosp ED

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802054

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James B B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 6 / 2 0 0 9

Transaction ID: C764046

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 7 / 474

(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)

Vijay Akkapeddi

Mailing Address 9 private lovett court

City

blauvelt

State

NY

Zip Code

10913-1247

FEC ID number of contributing
federal political committee.

C

Name of Employer
emergency medical associa-
tes, NJ PCOccupation
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	9	/	3	0	/	2	0	0	9

Transaction ID: C786996

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mark Austin Austin Alderdice

Mailing Address PO Box 1198

City

Inverness

State

CA

Zip Code

94937-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761856

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Mark Austin Austin Alderdice

Mailing Address PO Box 1198

City

Inverness

State

CA

Zip Code

94937-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C807093

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

963.65

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 8 / 474

(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 R R Allegra

Mailing Address 7 Valley View Drive

City

Montville

State

NJ

Zip Code

07045-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes of NJ

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C759961

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

vinita M almeida

Mailing Address 11 willow way

City

chatham

State

NJ

Zip Code

07928

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C786978

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marilyn Frances Frances Althoff

Mailing Address 55 Talmadge Rd

City

Mendham

State

NJ

Zip Code

07945-1531

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791384

Amount of Each Receipt this Period

600.00

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 9 / 474

(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)

Christopher S Amato

Mailing Address 509 Primrose Court

City

Belle Mead

State

NJ

Zip Code

08502-6439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes of NJ

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: C780219

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Michael John Ameres

Mailing Address 60 Highview Dr

City

Sag Harbor

State

NY

Zip Code

11963-2904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southampton Hosp

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 8 / 0 5 / 2 0 0 9

Transaction ID: C776704

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stephen H H Anderson

Mailing Address 29933 First Place S

City

Federal Way

State

WA

Zip Code

98003-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auburn Reg 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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789494

Amount of Each Receipt this Period

500.00

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 10 / 474

(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)

Steve Scott Andrews

Mailing Address 2900 Thomas Ave S #1729

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Memorial

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 8 / 2 5 / 2 0 0 9

Transaction ID: C770674

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steve Scott Andrews

Mailing Address 2900 Thomas Ave S #1729

City

Minneapolis

State

MN

Zip Code

55416

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Memorial

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 9 / 2 4 / 2 0 0 9

Transaction ID: C782539

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul Anthony Anthony Androlonis

Mailing Address 333 Las Olas Way Apt 905
333 Las Olas Way Apt 905

City

Ft Lauderdale

State

FL

Zip Code

33301-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp of Miami EM
Dept

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 7 / 1 5 / 2 0 0 9

Transaction ID: C751206

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 474

(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 Anthony Anthony Andrulonis

Mailing Address 333 Las Olas Way Apt 905
 333 Las Olas Way Apt 905

City State Zip Code
 Ft Lauderdale FL 33301-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp of Miami EM
Dept

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
 1 0 / 0 3 / 2 0 0 9

Transaction ID: C802088

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Paul Anthony Anthony Andrulonis

Mailing Address 333 Las Olas Way Apt 905
 333 Las Olas Way Apt 905

City State Zip Code
 Ft Lauderdale FL 33301-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp of Miami EM
Dept

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
 1 1 / 1 1 / 2 0 0 9

Transaction ID: C803447

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

Paul Anthony Anthony Andrulonis

Mailing Address 333 Las Olas Way Apt 905
 333 Las Olas Way Apt 905

City State Zip Code
 Ft Lauderdale FL 33301-4300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp of Miami EM
Dept

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
 1 1 / 1 1 / 2 0 0 9

Transaction ID: C803448

Amount of Each Receipt this Period

-700.00

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 12 / 474

(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)

Bradley L L Anglemyer

Mailing Address 1133 Metropolitan Ave Unit 614

City

Charlotte

State

NC

Zip Code

28204-3401

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Bradley L Anglemyer

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 7 / 2 2 / 2 0 0 9

Transaction ID: C760001

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James V V Antinori

Mailing Address 3060 Oak Rim Ln

City

Park City

State

UT

Zip Code

84060-6803

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPIC LLC

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787820

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jimmie R Appel, Jr

Mailing Address PO Box 7846

City

Amarillo

State

TX

Zip Code

79114-7846

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jimmie R Appel, Jr

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 9 / 3 0 / 2 0 0 9

Transaction ID: C787005

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 13 / 474

(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 F F Archer

Mailing Address SQ-13 Lake Cherokee

City

Henderson

State

TX

Zip Code

75652-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer
LRMC Emerg Rm

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 7 / 2 7 / 2 0 0 9

Transaction ID: C761155

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joshua S S Ardise

Mailing Address 16 Powderhorn Rd

City

Flemington

State

NJ

Zip Code

08822-7137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Joshua S Ardise

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
1 1 / 1 2 / 2 0 0 9

Transaction ID: C804556

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brahim Ardolic

Mailing Address 475 Seaview Ave

City

Staten Island

State

NY

Zip Code

10305-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Staten Island Univ Dept
of EM

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789526

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 14 / 474

(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 David David Argand

Mailing Address 3321 Plateau Dr

City

Belmont

State

CA

Zip Code

94002-1311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert David Argand

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	7		3	0		2	0	0	9

Transaction ID: C761798

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert D D Arnce, Jr

Mailing Address 1225 W Fountain Rd

City

Joplin

State

MO

Zip Code

64801-7329

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert D Arnce, Jr

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	8		0	6		2	0	0	9

Transaction ID: C764045

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey L L Arnold

Mailing Address 460 Twin Pines Dr

City

Scotts Valley

State

CA

Zip Code

95066-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey L Arnold

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761836

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

717.65

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 / 474

(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 L L Arnold

Mailing Address 460 Twin Pines Dr

City

Scotts Valley

State

CA

Zip Code

95066-3920

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey L Arnold

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807196

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Crystal Arthur

Mailing Address 906 Rowland

City

Leonard

State

MI

Zip Code

48367-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

Occupation

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761756

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Crystal Arthur

Mailing Address 906 Rowland

City

Leonard

State

MI

Zip Code

48367-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

Occupation

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785420

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

596.00

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 / 474

(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 ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761709

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 ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773679

Amount of Each Receipt this Period

100.00

C.

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 ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	2	/	2	0	0	9

Transaction ID: C782184

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 17 / 474

(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 ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	9	

Transaction ID: C785416

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 ▼

1300.00

Date of Receipt

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

Transaction ID: C794448

Amount of Each Receipt this Period

100.00

C.

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 ▼

1300.00

Date of Receipt

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

Transaction ID: C808465

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 18 / 474

(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 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 Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C819464

Amount of Each Receipt this Period

100.00

B.

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

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761291

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David Michael Michael Baker

Mailing Address 7244 Silver Spur Trl

City

Fair Oaks Ranch

State

TX

Zip Code

78015-4213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David Michael Baker

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 7 / 2 4 / 2 0 0 9

Transaction ID: C760990

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 19 / 474

(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)

Mark Baker

Mailing Address 34 Puukani Pl

City

Kailua

State

HI

Zip Code

96734-2928

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pali Momi Med Ctr

Occupation

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789515

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Mark Banas

Mailing Address 2823 Aspen Rd

City

Rhineland

State

WI

Zip Code

54501-8563

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: C770767

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Robert Barandica

Mailing Address 7101 Hillcrest Dr

City

Modesto

State

CA

Zip Code

95356-8876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert Barandica

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761866

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

717.65

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 / 474

(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 Barandica

Mailing Address 7101 Hillcrest Dr

City

Modesto

State

CA

Zip Code

95356-8876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert Barandica

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807104

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787870

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

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810240

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

296.00

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 21 / 474

(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)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

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 Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839114

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761723

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773678

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 22 / 474

(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)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785419

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802029

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787837

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 23 / 474

(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 Louis Louis Barricella

Mailing Address 712 Grove Ave

City

Cliffside Park

State

NJ

Zip Code

07010-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert Louis Barricella

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 Y
0 8 / 0 3 / 2 0 0 9

Transaction ID: C763174

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Louis Louis Barricella

Mailing Address 712 Grove Ave

City

Cliffside Park

State

NJ

Zip Code

07010-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert Louis Barricella

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 Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: C778583

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Carrie Ann Ann Barton

Mailing Address 8715 Hassett Rd

City

Oklahoma City

State

OK

Zip Code

73131-4060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Norman Regional Hospital

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 7 / 0 6 / 2 0 0 9

Transaction ID: C747359

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 24 / 474

(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)

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

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760014

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey H H Bass

Mailing Address 1515 Majorca Dr

City

Morgan Hill

State

CA

Zip Code

95037-7033

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761841

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Jeffrey H H Bass

Mailing Address 1515 Majorca Dr

City

Morgan Hill

State

CA

Zip Code

95037-7033

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

467.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839078

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1467.65

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 / 474

(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 Michael Bazakis

Mailing Address 2280 Manchester Drive

City

Saginaw

State

MI

Zip Code

48609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Health Care

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 9 / 2 9 / 2 0 0 9

Transaction ID: C785506

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

D Michael Bear

Mailing Address 5 Donatello

City

Aliso Viejo

State

CA

Zip Code

92656-1481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corona Regl Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761827

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

D Michael Bear

Mailing Address 5 Donatello

City

Aliso Viejo

State

CA

Zip Code

92656-1481

FEC ID number of contributing
federal political committee.

C

Name of Employer
Corona Regl Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

588.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815081

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

963.65

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 / 474

(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)

Brian Bearie

Mailing Address 36125 Cherrywood Dr

City

Yucaipa

State

CA

Zip Code

92399-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Bernardine Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761820

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Brian Bearie

Mailing Address 36125 Cherrywood Dr

City

Yucaipa

State

CA

Zip Code

92399-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Bernardine Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807231

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Dennis M M Beck

Mailing Address 3033 S Parker Rd Ste 800

City

Aurora

State

CO

Zip Code

80014-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beacon Med Svcs

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 9 / 2 9 / 2 0 0 9

Transaction ID: C785516

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1463.65

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 / 474

(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)

Marian Bednar

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hosp Allen

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
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761717

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Marian Bednar

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hosp Allen

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
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773672

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Marian Bednar

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hosp Allen

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
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785418

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 474

(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)

Marian Bednar

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hosp Allen

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
1	0	/	2	9	/	2	0	9	

Transaction ID: C798607

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Marian Bednar

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hosp Allen

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
1	1	/	3	0	/	2	0	9	

Transaction ID: C810233

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Marian Bednar

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Hosp Allen

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
1	2	/	3	1	/	2	0	9	

Transaction ID: C839126

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 / 474

(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 Abrams Abrams Beeson

Mailing Address 2322 FM 2280

City

Cleburne

State

TX

Zip Code

76031-7800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harris Meth Hosp HEB ED

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	9		0	2		2	0	0	9

Transaction ID: C776097

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

James Belleza

Mailing Address 6116 Ledgeview Dr

City

Peninsula

State

OH

Zip Code

44264

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCEP

Occupation

ED Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	4		2	0	0	9

Transaction ID: C778571

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

John C C Benanti

Mailing Address 27 Duggan Dr

City

Framingham

State

MA

Zip Code

01702-6109

FEC ID number of contributing
federal political committee.

C

Name of Employer
South Shore 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
0	8		1	9		2	0	0	9

Transaction ID: C769300

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1650.00

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 / 474

(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)

Jacob Benford

Mailing Address 110 Vineyard Ct

City

Aptos

State

CA

Zip Code

95003-5850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jacob Benford

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807204

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Scott A Bentz

Mailing Address 3209 Skycroft Dr.

City

St. Anthony

State

MN

Zip Code

55418-2551

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPPA

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
1 1 / 1 7 / 2 0 0 9

Transaction ID: C806025

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kevin J J Bercik

Mailing Address 8552 Pennington Ct

City

Powell

State

OH

Zip Code

43065-9055

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marion General Hosp

Occupation

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 Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789546

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1196.00

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 / 474

(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 Bergen

Mailing Address 133 Old Rd to 9 Acre Cor

City

Concord

State

MA

Zip Code

01742-4159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerson Hosp

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard P Berger, MD, FACEP

Mailing Address 1735 Middlebrook Road

City

Bound Brook

State

NJ

Zip Code

08805-1339

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation

ED 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 9 / 0 3 / 2 0 0 9

Transaction ID: C776620

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 ▼

1083.33

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761769

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 32 / 474

(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 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 ▼

1083.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773698

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

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 ▼

1083.33

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785421

Amount of Each Receipt this Period

83.33

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 ▼

1083.33

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787875

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 33 / 474

(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 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 ▼

1083.33

Date of Receipt

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

Transaction ID: C798590

Amount of Each Receipt this Period

83.37

B.

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 ▼

1083.33

Date of Receipt

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

Transaction ID: C814920

Amount of Each Receipt this Period

83.33

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 ▼

1083.33

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839117

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

250.03

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 / 474

(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)

Benjamin Bernstein

Mailing Address 4 South St

City

Great Neck

State

NY

Zip Code

11023-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

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 8 / 2 3 / 2 0 0 9

Transaction ID: C770008

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Benjamin Bernstein

Mailing Address 4 South St

City

Great Neck

State

NY

Zip Code

11023-1219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

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 8 / 2 3 / 2 0 0 9

Transaction ID: C770009

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kiran Beyer

Mailing Address 3337 SE Alder St

City

Portland

State

OR

Zip Code

97214-3121

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Acute Care Spec

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761225

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 35 / 474

(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)

Stewart E E Bick

Mailing Address 1149 W 116th St

City

Carmel

State

IN

Zip Code

46032-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincent Hosp & Hlth Cre
Ctr

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 Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: C776706

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Stewart E E Bick

Mailing Address 1149 W 116th St

City

Carmel

State

IN

Zip Code

46032-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincent Hosp & Hlth Cre
Ctr

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 Y
1 0 / 2 8 / 2 0 0 9

Transaction ID: C797466

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David Birdsall

Mailing Address 191 La Serena Ave

City

Alamo

State

CA

Zip Code

94507-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Diablo Hospital Medical
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761868

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

717.65

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 / 474

(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 Birdsall

Mailing Address 191 La Serena Ave

City

Alamo

State

CA

Zip Code

94507-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Diablo Hospital Medical
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790110

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David Birdsall

Mailing Address 191 La Serena Ave

City

Alamo

State

CA

Zip Code

94507-2148

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Diablo Hospital Medical
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815108

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Glenn Birnbaum

Mailing Address 7 Cromwell Dr

City

Chester

State

NJ

Zip Code

07930-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Assoc

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 9 / 2 2 / 2 0 0 9

Transaction ID: C782284

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

696.00

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 / 474

(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 D D Bishop

Mailing Address 1155 W 3rd St

City

Bloomington

State

IN

Zip Code

47404-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Phys Grp PC

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 9 / 1 9 / 2 0 0 9

Transaction ID: C780438

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gregory J J Bjerke

Mailing Address 2973 Peterson Pkwy

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meritcare Med Ctr ED

Occupation

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 7 / 2 2 / 2 0 0 9

Transaction ID: C759971

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Joseph Bledsoe

Mailing Address 1468 E Zenith Ave

City

Salt Lake City

State

UT

Zip Code

84106-3433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of UT Hosp & Clinics
ED

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
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792242

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

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 / 474

(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)

Andra Leah Leah Blomkalns

Mailing Address 3188 Golden Hollow Ave

City

Cincinnati

State

OH

Zip Code

45226-2055

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andra Leah Blomkalns

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
1 0 / 0 5 / 2 0 0 9

Transaction ID: C788971

Amount of Each Receipt this Period

250.00

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 ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761754

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 ▼

916.63

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773667

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 39 / 474

(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

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 ▼

916.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802032

Amount of Each Receipt this Period

83.33

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 ▼

916.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810205

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 ▼

916.63

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839092

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 40 / 474

(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)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761737

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773705

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Iolene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City

Latham

State

NY

Zip Code

12110-1186

FEC ID number of contributing
federal political committee.

C

Name of Employer
Samaritan Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785417

Amount of Each Receipt this Period

41.63

SUBTOTAL of Receipts This Page (optional)

124.97

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 / 474

(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 A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York Hosp ED

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 7 / 1 7 / 2 0 0 9

Transaction ID: C754971

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael A A Bohrn

Mailing Address 70 Timberline Dr

City

Wyomissing

State

PA

Zip Code

19610-1970

FEC ID number of contributing
federal political committee.

C

Name of Employer
York Hosp ED

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761711

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

David A A Bolivar

Mailing Address 1577 Smiley Heights

City

Redlands

State

CA

Zip Code

92373-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761835

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

467.65

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 474

(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 A Bolivar

Mailing Address 1577 Smiley Heights

City

Redlands

State

CA

Zip Code

92373-6515

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815093

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Robert T T Bonham

Mailing Address 2101 Nuuanu Ave Apt 2005
Apt 2005

City

Honolulu

State

HI

Zip Code

96817-1769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Hawaii KCC EMS

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
1 1 / 1 7 / 2 0 0 9

Transaction ID: C806032

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ashley E E Booth

Mailing Address 655 W 8th St

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands Jacksonville Educ

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761776

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

446.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 474

(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)

Ashley E E Booth

Mailing Address 655 W 8th St

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands Jacksonville Educ

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802021

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761715

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790116

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 474

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☒ 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)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810237

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

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839100

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Rodney W W Borger

Mailing Address 400 N Pepper Ave

City

Colton

State

CA

Zip Code

92324-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARMC Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761857

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

534.31

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 45 / 474

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Rodney W W Borger

Mailing Address 400 N Pepper Ave

City

Colton

State

CA

Zip Code

92324-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARMC Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807359

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Roger W W Boswell

Mailing Address 411 Columbia Dr

City

Rockwall

State

TX

Zip Code

75032-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Pointe Med Ctr

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 Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: C746779

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Roger W W Boswell

Mailing Address 411 Columbia Dr

City

Rockwall

State

TX

Zip Code

75032-5708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lake Pointe Med Ctr

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 Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750695

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

446.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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 Bower

Mailing Address 2 Via Chapala

City

San Clemente

State

CA

Zip Code

92673-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer
S Coast Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761261

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael Bower

Mailing Address 2 Via Chapala

City

San Clemente

State

CA

Zip Code

92673-2732

FEC ID number of contributing
federal political committee.

C

Name of Employer
S Coast Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807223

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Jameson A A Bowles

Mailing Address 1918 Seven Maples Dr

City

Kingswood

State

TX

Zip Code

77345-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jameson A Bowles

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750681

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

696.00

TOTAL This Period (last page this line number only)

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

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☒ 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)

Mark R R Bowman

Mailing Address 1105 5th St

City

Tillamook

State

OR

Zip Code

97141-3508

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tillamook Co Genl 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
0 7 / 0 9 / 2 0 0 9

Transaction ID: C749650

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John C C Bradford

Mailing Address 400 Wabash Ave

City

Akron

State

OH

Zip Code

44307-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 9

Transaction ID: C765745

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard Neville Neville Bradley

Mailing Address 6411 Fannin St

City

Houston

State

TX

Zip Code

77030-1501

FEC ID number of contributing
federal political committee.

C

Name of Employer
The UT Health Science Cen-
ter

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761742

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**

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Detailed Summary Page

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☒ 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 A A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787016

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Thomas A A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787058

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Thomas A A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787071

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 474

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☒ 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 A A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848354

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Thomas A A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848355

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Thomas A A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848356

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 50 / 474

(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)

Andrea M M Brault

Mailing Address 444 E Huntington Dr # 300
Emergency Groups Office

City State Zip Code
Arcadia CA 91006-6258

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Groups Office

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787815

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gayle L L Brauhnoltz

Mailing Address 5115 Black Bear Ln Unit # 2

City State Zip Code
Vail CO 81657-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Dept

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 8 / 0 3 / 2 0 0 9

Transaction ID: C763171

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles A A Bregier, Jr

Mailing Address 5546 Fallon Ct

City State Zip Code
Charlotte NC 28226-5629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Urgent Care

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
1 0 / 1 9 / 2 0 0 9

Transaction ID: C793995

Amount of Each Receipt this Period

150.00

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)
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Detailed Summary Page

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(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 F F Brin

Mailing Address 12616 N St Anne Ln

City

Mequon

State

WI

Zip Code

53092-2263

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Healthcare

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 7 / 1 7 / 2 0 0 9

Transaction ID: C754963

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Wallace Monroe Monroe Broadbent

Mailing Address 9887 Q Ave

City

Mattawan

State

MI

Zip Code

49071-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Emer Assoc

Occupation

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 8 / 2 1 / 2 0 0 9

Transaction ID: C769995

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Wallace Monroe Monroe Broadbent

Mailing Address 9887 Q Ave

City

Mattawan

State

MI

Zip Code

49071-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Emer Assoc

Occupation

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
1 0 / 2 3 / 2 0 0 9

Transaction ID: C796626

Amount of Each Receipt this Period

100.00

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)
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FOR LINE NUMBER: PAGE 52 / 474

(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)

Wallace Monroe Monroe Broadbent

Mailing Address 9887 Q Ave

City

Mattawan

State

MI

Zip Code

49071-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Emer Assoc

Occupation

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 Y
1 1 / 0 3 / 2 0 0 9

Transaction ID: C800599

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Robert I I Broida

Mailing Address PO Box 5404

City

Akron

State

OH

Zip Code

44334-0404

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert I Broida

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
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790100

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Francine H H Brooks

Mailing Address 21 Fair St

City

Cold Spring

State

NY

Zip Code

10516-3005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vassar Brothers 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 9 / 2 9 / 2 0 0 9

Transaction ID: C785510

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 53 / 474

(check only one)

<input checked="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)

Douglas P P Brosnan

Mailing Address 1420 East Roseville Parkway St
Ste 140-107City State Zip Code
Roseville CA 95661FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Douglas P BrosnanOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807290

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Timothy K K Brown

Mailing Address 1830 Bro-Mor St

City State Zip Code
Saginaw MI 48602-4844FEC ID number of contributing
federal political committee.**C**Name of Employer
Covenant Emer Phys GrpOccupation
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 7 / 3 0 / 2 0 0 9

Transaction ID: C761785

Amount of Each Receipt this Period

1000.00

C.

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 57049-5447FEC ID number of contributing
federal political committee.**C**Name of Employer
Mercy Med Ctr Emer Med De-
ptOccupation
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
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839086

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1346.00

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 / 474

(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)

Yvonne Marie Marie Brutger

Mailing Address 9615 Wyoming Cir

City

Bloomington

State

MN

Zip Code

55438-1628

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Memorial Medical Ce-
nter

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 8 / 1 3 / 2 0 0 9

Transaction ID: C766215

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric Bryant

Mailing Address 1635 Pontiac St

City

Denver

State

CO

Zip Code

80220-1829

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Exempla St Joseph
Hosp

Occupation

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 Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787833

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Ellen M Bubel

Mailing Address 2361 S Holly Pl

City

Denver

State

CO

Zip Code

80222-6218

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ms. Ellen M Bubel

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761850

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

817.65

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 / 474

(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)

Austin William William Burgess

Mailing Address 236 Seatrace Ln

City

Newport

State

NC

Zip Code

28570-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carteret Gen Hosp

Occupation

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	8		1	3		2	0	0	9

Transaction ID: C766218

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Mary C C Burke

Mailing Address 14 Birchwood Dr

City

Southborough

State

MA

Zip Code

01772-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford Whitinsville Regl
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
1	0		0	3		2	0	0	9

Transaction ID: C802081

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert Buscho

Mailing Address 23 Washington Ave

City

San Rafael

State

CA

Zip Code

94903-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761818

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

1667.65

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 / 474

(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 Buscho

Mailing Address 23 Washington Ave

City

San Rafael

State

CA

Zip Code

94903-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 9

Transaction ID: C765754

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Robert Buscho

Mailing Address 23 Washington Ave

City

San Rafael

State

CA

Zip Code

94903-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 9

Transaction ID: C765755

Amount of Each Receipt this Period

-367.65

C.

Full Name (Last, First, Middle Initial)

Robert Buscho

Mailing Address 23 Washington Ave

City

San Rafael

State

CA

Zip Code

94903-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815080

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

96.00

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 / 474

(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)

Martha Griffin Griffin Bush

Mailing Address PO Box 1

City

Romance

State

AR

Zip Code

72136-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEB Emergicare Inc

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 7 / 0 6 / 2 0 0 9

Transaction ID: C747365

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael S S Bush

Mailing Address 5531 Billy Casper Dr

City

Billings

State

MT

Zip Code

59106-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincents Hosp & Hlth
Ctr

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 7 / 2 3 / 2 0 0 9

Transaction ID: C760123

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory James James Byrne

Mailing Address 528 Regency Crossing

City

Southlake

State

TX

Zip Code

76092-9500

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 Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750693

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 58 / 474

(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)

Jose Cabotage Cabotage Cacatian

Mailing Address 920 Richmond Rd

City

Staten Island

State

NY

Zip Code

10304-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Vincents Med Ctr Richm-
ond

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	8		0	3		2	0	9	

Transaction ID: C763173

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas James James Calvert

Mailing Address 204 Glenbrook Cir SE

City

Huntsville

State

AL

Zip Code

35801-1867

FEC ID number of contributing
federal political committee.

C

Name of Employer
Huntsville 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	8		1	1		2	0	9	

Transaction ID: C765738

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Frederick B B Carlton, Jr

Mailing Address 2126 Sheffield Dr

City

Jackson

State

MS

Zip Code

39211-5850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ MS Med Ctr ED

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	8		0	6		2	0	9	

Transaction ID: C764030

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 59 / 474

(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 B B Carlton, Jr

Mailing Address 2126 Sheffield Dr

City

Jackson

State

MS

Zip Code

39211-5850

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ MS Med Ctr ED

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
1	2	/	2	3	/	2	0	9	

Transaction ID: C820015

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Steve Carstens

Mailing Address 209 Valley View Dr

City

Exeter

State

CA

Zip Code

93221-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761872

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Steve Carstens

Mailing Address 209 Valley View Dr

City

Exeter

State

CA

Zip Code

93221-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	7	/	2	0	9	

Transaction ID: C764131

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

567.65

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 / 474

(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)

Steve Carstens

Mailing Address 209 Valley View Dr

City

Exeter

State

CA

Zip Code

93221-9796

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807120

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Richard Carter

Mailing Address 1301 U St NW # 818

City

Washington

State

DC

Zip Code

20009-7557

FEC ID number of contributing
federal political committee.

C

Name of Employer
Howard Univ 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
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792239

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas E E Carter

Mailing Address 1990 Chariot Way

City

Portsmouth

State

OH

Zip Code

45662-2486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern OH Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802041

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1346.00

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 / 474

(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 D D Casey

Mailing Address 101 Cherry St Unit 410
Unit 410

City State Zip Code
Green Bay WI 54301-4247

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bellin Mem Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 4 / 2 0 0 9

Transaction ID: C766285

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Karen Ann Ann Casper

Mailing Address 191 Lake St
191 Lake St

City State Zip Code
Vineyard Haven MA 02568-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marthas Vineyard 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
0 7 / 1 7 / 2 0 0 9

Transaction ID: C754954

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City State Zip Code
Lake City FL 32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761740

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 62 / 474

(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)

Marcel A A Cesar

Mailing Address PO Box 180253

City

Delafield

State

WI

Zip Code

53018-0253

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C791181

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Cal Chaney

Mailing Address Refer to A387953

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Cal Chaney

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802090

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cal Chaney

Mailing Address PO Box 619911
ACEP

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACEP

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
1	1	/	1	1	/	2	0	0	9

Transaction ID: C803443

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 63 / 474

(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)

Cal Chaney

Mailing Address Refer to A387953

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Cal Chaney

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C803446

Amount of Each Receipt this Period

-250.00

B.

Full Name (Last, First, Middle Initial)

John V V Chang

Mailing Address 1 Castle Dr

City

Wilmington

State

MA

Zip Code

01887-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Gen 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
1	0	/	1	5	/	2	0	0	9

Transaction ID: C815144

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John V V Chang

Mailing Address 1 Castle Dr

City

Wilmington

State

MA

Zip Code

01887-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Gen 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
1	1	/	0	2	/	2	0	0	9

Transaction ID: C799291

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 64 / 474

(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 V V Chang

Mailing Address 1 Castle Dr

City

Wilmington

State

MA

Zip Code

01887-3188

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Gen 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
1 1 / 0 2 / 2 0 0 9

Transaction ID: C815145

Amount of Each Receipt this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

David Mark Mark Charash

Mailing Address 12 Silver City Rd

City

Newtown

State

CT

Zip Code

06470-1041

FEC ID number of contributing
federal political committee.

C

Name of Employer
Danbury Hosp

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
1 0 / 1 9 / 2 0 0 9

Transaction ID: C793998

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jason E E Cheatham

Mailing Address 3351 Indian Dr

City

Portsmouth

State

OH

Zip Code

45662-2408

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Ohio Med Ctr

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802030

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 65 / 474

(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 Chin

Mailing Address 19711 Quiet Bay Ln

City

Huntingtn Bch

State

CA

Zip Code

92648-2615

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Intercomm Ho-
sp ED

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 Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: C746967

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Kathrine Christensen

Mailing Address 5925 E Univ Blvd Apt 233
Apt 233

City

Dallas

State

TX

Zip Code

75206-9112

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 ▼

500.00

Date of Receipt

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

Transaction ID: C814907

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul E E Christensen

Mailing Address 1911 Johnson Ave

City

San Luis Obispo

State

CA

Zip Code

93401-4131

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 ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: C760961

Amount of Each Receipt this Period

100.00

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 66 / 474

(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 E E Christensen

Mailing Address 1911 Johnson Ave

City

San Luis Obispo

State

CA

Zip Code

93401-4131

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 ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761833

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Paul E E Christensen

Mailing Address 1911 Johnson Ave

City

San Luis Obispo

State

CA

Zip Code

93401-4131

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 ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807186

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Michael C C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: C766211

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

963.65

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 67 / 474

(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 C C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802028

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Theodore A A Christopher

Mailing Address 1020 Samson St # 239 Thompson
239 Thompson Bldg-1020 Samson

City

Philadelphia

State

PA

Zip Code

19107-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson 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 Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787823

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Kwang H H Chung

Mailing Address 4881 Dargate Ln

City

Murrysville

State

PA

Zip Code

15668-9470

FEC ID number of contributing
federal political committee.

C

Name of Employer
Indiana Reg Med Ctr ED

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 7 / 2 4 / 2 0 0 9

Transaction ID: C760988

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1375.00

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 68 / 474

(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)

Ludwig Julian Julian Cibelli

Mailing Address 1555 Lakeview St

City

Beaumont

State

CA

Zip Code

92223-8507

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Gorgonio Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761843

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Ludwig Julian Julian Cibelli

Mailing Address 1555 Lakeview St

City

Beaumont

State

CA

Zip Code

92223-8507

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Gorgonio Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807327

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med 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 Y
0 9 / 1 5 / 2 0 0 9

Transaction ID: C778844

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1463.65

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 / 474

(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)

L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunders town

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med 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 9 / 2 9 / 2 0 0 9

Transaction ID: C785543

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunders town

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med 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 9 / 2 9 / 2 0 0 9

Transaction ID: C794125

Amount of Each Receipt this Period

-1000.00

C.

Full Name (Last, First, Middle Initial)

Chad L L Clark

Mailing Address 3948 Shady Ridge Dr

City

Corona

State

CA

Zip Code

92881-8818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Emer Phys

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785379

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

100.00

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 70 / 474

(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 B B Clark, Jr

Mailing Address 541 Hempstead Pl

City

Charlotte

State

NC

Zip Code

28207-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787017

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City

Charlotte

State

NC

Zip Code

28207-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787057

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City

Charlotte

State

NC

Zip Code

28207-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787090

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

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 / 474

(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 B B Clark, Jr

Mailing Address 541 Hempstead Pl

City

Charlotte

State

NC

Zip Code

28207-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848304

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City

Charlotte

State

NC

Zip Code

28207-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848305

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City

Charlotte

State

NC

Zip Code

28207-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848306

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

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 / 474

(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 Clark

Mailing Address 114 Sylvan Glen Dr

City

Ebensburg

State

PA

Zip Code

15931-7431

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Hlth System

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 7 / 0 9 / 2 0 0 9

Transaction ID: C749644

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID: C789525

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Joseph E E Clinton

Mailing Address 420 Delaware St SE

City

Minneapolis

State

MN

Zip Code

55455-0341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MN Med Schl Dept
of EM

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
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791395

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 73 / 474

(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 G G Cochrane

Mailing Address 241 Brook Valley Rd

City

Kinnelon

State

NJ

Zip Code

07405-3331

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791389

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Pamela N N Coffey

Mailing Address 6239 Pine Hollow Dr

City

E Lansing

State

MI

Zip Code

48823-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hurley Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761746

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Pamela N N Coffey

Mailing Address 6239 Pine Hollow Dr

City

E Lansing

State

MI

Zip Code

48823-9728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hurley Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C798608

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 74 / 474

(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)

D Clarke Cole

Mailing Address 25 Sawbuck Rd

City

Reno

State

NV

Zip Code

89519-8003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Emer Phys

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 8 / 1 8 / 2 0 0 9

Transaction ID: C768736

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William W W Colgate

Mailing Address 4411 Bee Rdg Rd # 627

City

Sarasota

State

FL

Zip Code

34233-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. William W Colgate

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
0 8 / 1 4 / 2 0 0 9

Transaction ID: C766290

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William W W Colgate

Mailing Address 4411 Bee Rdg Rd # 627

City

Sarasota

State

FL

Zip Code

34233-2514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. William W Colgate

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
0 9 / 1 9 / 2 0 0 9

Transaction ID: C780440

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 75 / 474

(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)

Suzanne B B Combs

Mailing Address 6427 N Ewing St

City

Indianapolis

State

IN

Zip Code

46220-4425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Services Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761792

Amount of Each Receipt this Period

365.00

B.

Full Name (Last, First, Middle Initial)

Amy Ruben Ruben Conley

Mailing Address 6419 Renwick Cir

City

Tampa

State

FL

Zip Code

33647-1173

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Bay Emerg 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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761840

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Marco Coppola

Mailing Address 7105 Waldon Court

City

Colleyville

State

TX

Zip Code

76034-7319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Questcare Partners

Occupation

Physicians

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: C780302

Amount of Each Receipt this Period

1000.00

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 76 / 474

(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)

Mitchell B B Cordover

Mailing Address 14616 Adgers Wharf

City

Chesterfield

State

MO

Zip Code

63017-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mitchell B Cordover

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761221

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Cataldo Corrado, Jr

Mailing Address 6 Deer Path

City

Farmington

State

PA

Zip Code

15437-1351

FEC ID number of contributing
federal political committee.

C

Name of Employer
Uniontown 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 7 / 1 4 / 2 0 0 9

Transaction ID: C750680

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mario Anthony Anthony Cosenza

Mailing Address 3 Lake Shore Dr S

City

Randolph

State

NJ

Zip Code

07869-4763

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 ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791392

Amount of Each Receipt this Period

700.00

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 77 / 474

(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 Cote

Mailing Address 6429 Hidden Hollow

City

Holland

State

MI

Zip Code

49423-7901

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Hosp 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	7	/	1	4	/	2	0	0	9

Transaction ID: C750663

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert J J Cox

Mailing Address 817 Thomaston Street

City

Barnesville

State

GA

Zip Code

30204-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761741

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert J J Cox

Mailing Address 817 Thomaston Street

City

Barnesville

State

GA

Zip Code

30204-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer
self

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

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

Transaction ID: C787790

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 78 / 474

(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)

Richard Cressey

Mailing Address 18 Summer St Apt 4

City State Zip Code
 Andover MA 01810-3687

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lawrence Genl 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
 1 0 / 1 5 / 2 0 0 9

Transaction ID: C792238

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Pascal George Crosley

Mailing Address 2701 N Decatur Rd

City State Zip Code
 Decatur GA 30033-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeKalb Med

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y
 0 7 / 3 0 / 2 0 0 9

Transaction ID: C761815

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Pascal George Crosley

Mailing Address 2701 N Decatur Rd

City State Zip Code
 Decatur GA 30033-5918

FEC ID number of contributing
federal political committee.

C

Name of Employer
DeKalb Med

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 1 8 / 2 0 0 9

Transaction ID: C807249

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

1463.64

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 / 474

(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 A A Cruz

Mailing Address 5225 W Ancient Oak Dr

City

Peoria

State

IL

Zip Code

61615-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Med Ctr ED

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	8	/	1	7	/	2	0	9	

Transaction ID: C768698

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Michael A A Cruz

Mailing Address 5225 W Ancient Oak Dr

City

Peoria

State

IL

Zip Code

61615-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Med Ctr ED

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
1	1	/	3	0	/	2	0	9	

Transaction ID: C810259

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Daniel E E Culhane

Mailing Address 22 Highland Dr

City

San Luis Obispo

State

CA

Zip Code

93405-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
French Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761825

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

617.65

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 / 474

(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 E E Culhane

Mailing Address 22 Highland Dr

City

San Luis Obispo

State

CA

Zip Code

93405-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
French Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807345

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Michelle M M Curry

Mailing Address 106 Creekside Ct

City

Greenwood

State

SC

Zip Code

29649-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self Reg Hlth Care

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	7	/	1	4	/	2	0	9	

Transaction ID: C750678

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Wesley A A Curry

Mailing Address 1082 Richmond Dr

City

Claremont

State

CA

Zip Code

91711-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pomona Valley Hosp Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761869

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

713.65

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 / 474

(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)

Wesley A A Curry

Mailing Address 1082 Richmond Dr

City

Claremont

State

CA

Zip Code

91711-3350

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pomona Valley Hosp Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807090

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

James Michael Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

FEC ID number of contributing
federal political committee.

C

Name of Employer
Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C778494

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761724

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

279.33

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 82 / 474

(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)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.65

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775383

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City

Los Ranchos

State

NM

Zip Code

87107-5601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Schumacher Group

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.65

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787825

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Rachel A A Dahms

Mailing Address 804 Ross Rd

City

Hudson

State

WI

Zip Code

54016-7655

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regions Hosp ED

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
1 1 / 0 4 / 2 0 0 9

Transaction ID: C800803

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.33

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 83 / 474

(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)

William Colwell Colwell Dalsey

Mailing Address 945 Lenmar Dr

City

Blue Bell

State

PA

Zip Code

19422-2000

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: C747918

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

William Colwell Colwell Dalsey

Mailing Address 945 Lenmar Dr

City

Blue Bell

State

PA

Zip Code

19422-2000

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 ▼

300.00

Date of Receipt

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

Transaction ID: C794393

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Eric J J Daniel

Mailing Address 6134 Goliad Ave

City

Dallas

State

TX

Zip Code

75214-3630

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 8 / 1 7 / 2 0 0 9

Transaction ID: C768702

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 474

(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 James James Danigelis

Mailing Address 89677 Sutton Lake Rd

City

Florence

State

OR

Zip Code

97439-8629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peace Harbor 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 7 / 2 2 / 2 0 0 9

Transaction ID: C759984

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joseph R R Danna

Mailing Address 555 W Court St # 410

City

Kankakee

State

IL

Zip Code

60901-3675

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Hosp

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761240

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Steven Edward Edward Davis

Mailing Address 444 Dillon Cir NE

City

N Canton

State

OH

Zip Code

44720-7863

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: C746970

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 85 / 474

(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)

Monica Rodriguez De Jesus

Mailing Address 381 Ave Dona Felisa Rincon De
San Juan, PR 00926-6656

City State Zip Code
San Juan PR 00926-6656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Puerto Rico

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
1 2 / 3 0 / 2 0 0 9

Transaction ID: C848250

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kory V V Deason

Mailing Address 4115 Breakwater Dr

City State Zip Code
Okemos MI 48864-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hayes Green Beach Mem 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
0 7 / 0 9 / 2 0 0 9

Transaction ID: C749610

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kenneth L L DeHart

Mailing Address 4615 Oleander Dr #201A

City State Zip Code
Myrtle Bch SC 29577-5741

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolina Health Special-
ists

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 7 / 1 7 / 2 0 0 9

Transaction ID: C754966

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 86 / 474

(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 J J DeHorn

Mailing Address 750 Laprairie

City

Ferndale

State

MI

Zip Code

48220-3215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

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
1	0		0	6		2	0	9	

Transaction ID: C789468

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Matthew Deibel

Mailing Address 4090 Morningside Ln

City

Saginaw

State

MI

Zip Code

48603-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Hlthcre Emer Phys
Grp

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
1	0		2	1		2	0	9	

Transaction ID: C794387

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gerald Delk

Mailing Address 3304 Laurel Cir
Apt 534

City

Austin

State

TX

Zip Code

78731-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Services Partners

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
1	2		0	9		2	0	9	

Transaction ID: C814927

Amount of Each Receipt this Period

250.00

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 87 / 474

(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)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Memorial Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761752

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Memorial Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773702

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City

Watervliet

State

NY

Zip Code

12189-1691

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Memorial Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785407

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

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 / 474

(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)

Fred Dennis

Mailing Address 22287 Mullholland Dr Ste 187

City	State	Zip Code
Calabasas	CA	91302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Fred DennisOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761731

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Fred Dennis

Mailing Address 22287 Mullholland Dr Ste 187

City	State	Zip Code
Calabasas	CA	91302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Fred DennisOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	0	9

Transaction ID: C787821

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charlotte Derr

Mailing Address 320 W Kennedy Blvd # 700

City	State	Zip Code
Tampa	FL	33606-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Assoc for MedOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	7		2	0	0	9

Transaction ID: C754960

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 89 / 474

(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)

Charlotte Derr

Mailing Address 320 W Kennedy Blvd # 700

City

Tampa

State

FL

Zip Code

33606-1459

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Assoc for Med

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 2 / 2 0 0 9

Transaction ID: C766164

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

H Scott Derstine

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
Med Ctr Emer Svcs

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789514

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joe E E Dib

Mailing Address 10 Regent St
apt #802

City

Jersey City

State

NJ

Zip Code

07302-7328

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787806

Amount of Each Receipt this Period

600.00

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 90 / 474

(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)

Jeffrey W W Dietz

Mailing Address PO Box 5086

City

Novato

State

CA

Zip Code

94948-5086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey W Dietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761812

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Jeffrey W W Dietz

Mailing Address PO Box 5086

City

Novato

State

CA

Zip Code

94948-5086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey W Dietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

Transaction ID: C807185

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Jack T T Dillon

Mailing Address 511 Orion Pl

City

Colorado Spgs

State

CO

Zip Code

80906-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front Range Emerg Special-
ists

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	7		0	9		2	0	0	9

Transaction ID: C749645

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

713.65

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 / 474

(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)

Jack T T Dillon

Mailing Address 511 Orion Pl

City

Colorado Spgs

State

CO

Zip Code

80906-1061

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front Range Emerg Special-
ists

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 Y
1 2 / 1 8 / 2 0 0 9

Transaction ID: C818937

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jno Jacob Jacob Disch

Mailing Address 3892 Savoy Dr

City

Fairview Park

State

OH

Zip Code

44126-1766

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen 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 Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: C747627

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Tin Minh Do, DO

Mailing Address 392 2nd Ave

City

San Francisco

State

CA

Zip Code

94118-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761874

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

967.65

TOTAL This Period (last page this line number only)

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

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☒ 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)

Tin Minh Do, DO

Mailing Address 392 2nd Ave

City

San Francisco

State

CA

Zip Code

94118-2414

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807298

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Anonymous Donor

Mailing Address 1125 Executive Cir

City

Irving

State

TX

Zip Code

75038-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOR EMF DONATIONS ONLY

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791387

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

Anonymous Donor

Mailing Address 1125 Executive Cir

City

Irving

State

TX

Zip Code

75038-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOR EMF DONATIONS ONLY

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 3 / 2 0 0 9

Transaction ID: C796619

Amount of Each Receipt this Period

-700.00

SUBTOTAL of Receipts This Page (optional)

96.00

TOTAL This Period (last page this line number only)

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

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☒ 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)

Anonymous Donor

Mailing Address 1125 Executive Cir

City

Irving

State

TX

Zip Code

75038-2522

FEC ID number of contributing
federal political committee.

C

Name of Employer
FOR EMF DONATIONS ONLY

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

96.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810254

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Robert A A Donovan

Mailing Address 6859 Zerillo Dr

City

Riverbank

State

CA

Zip Code

95367-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807201

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Aziz Doumit

Mailing Address 4006 Hwy D

City

Defiance

State

MO

Zip Code

63341-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hanibal Regional Hosp

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764049

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

692.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Dow

Mailing Address PO Box 1229

City

Girdwood

State

AK

Zip Code

99587-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Regl 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 Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802065

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Richard Dow

Mailing Address 1805 Willow Ln

City

Bronx

State

NY

Zip Code

10461-4617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Richard Dow

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
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798726

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Marc M M Dreier

Mailing Address 295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2600.00

Date of Receipt

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

Transaction ID: C783043

Amount of Each Receipt this Period

100.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jan Drlik

Mailing Address 2610 Walden Woods Ct

City

Midland

State

MI

Zip Code

48640-6953

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPMG

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787805

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Reva Dubin

Mailing Address 547 Park Rd

City

Mays Landing

State

NJ

Zip Code

08330-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
atlantic emergency associ-
taes

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 8 / 1 8 / 2 0 0 9

Transaction ID: C768752

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Duda

Mailing Address 106 Harbor Dr

City

Morehead City

State

NC

Zip Code

28557-9649

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. John Duda

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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796670

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Kelly Lane Lane Dyess

Mailing Address 914 Inwood Ter

City

Jacksonville

State

FL

Zip Code

32207-4251

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Spec

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
1 2 / 0 9 / 2 0 0 9

Transaction ID: C814913

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Barbara Sarah Sarah Echo

Mailing Address 215 E Meadowlane Rd

City

Spokane

State

WA

Zip Code

99224-9213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spokane Emergency Physi-
cians

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 8 / 1 3 / 2 0 0 9

Transaction ID: C766221

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Simon R R Edginton

Mailing Address 1435 Caladesi Dr

City

Wesley Chapel

State

FL

Zip Code

33544-6663

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Simon R Edginton

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750691

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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

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
Chino Valley Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761766

Amount of Each Receipt this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

L Dean Egbert

Mailing Address 121 West Lake View Way

City State Zip Code
Woodland Hills UT 84653-2031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mountain View Hospital

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
1 2 / 1 6 / 2 0 0 9

Transaction ID: C818250

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Erik Egsieker

Mailing Address 12782 SE Wellington Ct

City State Zip Code
Happy Valley OR 97086-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Erik Egsieker

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.64

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761830

Amount of Each Receipt this Period

367.64

SUBTOTAL of Receipts This Page (optional)

2367.64

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Erik Egsieker

Mailing Address 12782 SE Wellington Ct

City

Happy Valley

State

OR

Zip Code

97086-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Erik Egsieker

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.64

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787863

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Erik Egsieker

Mailing Address 12782 SE Wellington Ct

City

Happy Valley

State

OR

Zip Code

97086-6356

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Erik Egsieker

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

663.64

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815106

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Laura Stone Stone Ellis

Mailing Address 113 Cassina Dr

City

Middletown

State

DE

Zip Code

19709-9184

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750698

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

446.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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 Elman

Mailing Address 6191 Senate Cir

City

East Amherst

State

NY

Zip Code

14051-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buffalo Mercy Hosp ED

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 9 / 1 9 / 2 0 0 9

Transaction ID: C780437

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard S S Elman

Mailing Address 6191 Senate Cir

City

East Amherst

State

NY

Zip Code

14051-1979

FEC ID number of contributing
federal political committee.

C

Name of Employer
Buffalo Mercy Hosp ED

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
1 1 / 0 3 / 2 0 0 9

Transaction ID: C800600

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeff Engel

Mailing Address 528 North Blvd.

City

Huntington

State

WV

Zip Code

25701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ashland Emergency Medical
Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: C760168

Amount of Each Receipt this Period

3000.00

SUBTOTAL of Receipts This Page (optional)

3350.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David M M Englander

Mailing Address 311 S Broadway Apt B
Apt B

City State Zip Code
Redondo Bch CA 90277-3758

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David M Englander

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807284

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Rachel A A English

Mailing Address 1825 N. 74th St

City State Zip Code
Wauwatosa WI 53213-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medicine Specialists

Occupation
ER MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791369

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City State Zip Code
Concord NC 28027-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emer Med Assoc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787035

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

413.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City

Concord

State

NC

Zip Code

28027-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787051

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City

Concord

State

NC

Zip Code

28027-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787087

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City

Concord

State

NC

Zip Code

28027-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848265

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

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

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☒ 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)

Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City

Concord

State

NC

Zip Code

28027-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848267

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City

Concord

State

NC

Zip Code

28027-8803

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848268

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

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 ▼

1014.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761719

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

119.00

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 / 474

(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

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 ▼

1014.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773704

Amount of Each Receipt this Period

85.00

B.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

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 ▼

1014.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785405

Amount of Each Receipt this Period

85.00

C.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

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 ▼

1014.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790793

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

253.33

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 104 / 474

(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)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

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 ▼

1014.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810238

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

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 ▼

1014.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839115

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Barnet Eskin

Mailing Address 10 Undercliff Terrace
West Orange

City

NJ

State

NJ

Zip Code

07052-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	4	/	2	0	0	9

Transaction ID: C747010

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 105 / 474

(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)

Barnet Eskin

Mailing Address 10 Undercliff Terrace
West Orange

City State Zip Code
NJ NJ 07052-3930

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 21 2009

Transaction ID: C759419

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Michael D D Estep

Mailing Address PO Box 611441

City State Zip Code
Pompano Bch FL 33061-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imperial Point Med Ctr

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
07 09 2009

Transaction ID: C749632

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Michael D D Estep

Mailing Address PO Box 611441

City State Zip Code
Pompano Bch FL 33061-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer
Imperial Point Med Ctr

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
10 28 2009

Transaction ID: C797465

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 106 / 474

(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 H H Evenhouse

Mailing Address 28917 Northfield Rd

City

Bay Village

State

OH

Zip Code

44140-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Matthew H Evenhouse

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 9 / 3 0 / 2 0 0 9

Transaction ID: C787004

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth L L Fagan

Mailing Address 760 Stinson Rd

City

Lucas

State

TX

Zip Code

75002-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richardson Regl Med Ctr

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
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790115

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth L L Fagan

Mailing Address 760 Stinson Rd

City

Lucas

State

TX

Zip Code

75002-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richardson Regl Med Ctr

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810232

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 PageFOR LINE NUMBER: PAGE 107 / 474
(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)

Angelo L L Falcone

Mailing Address 20251 Century Blvd Ste 130

City

Germantown

State

MD

Zip Code

20874-1199

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery Emer Phys

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 7 / 2 3 / 2 0 0 9

Transaction ID: C760124

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Joseph S S Fastow

Mailing Address 7900 Wisconsin Avenue
#406

City

Bethesda

State

MD

Zip Code

20814-3634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

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 9 / 3 0 / 2 0 0 9

Transaction ID: C785859

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric James James Feese

Mailing Address 179 Ambleside Ct

City

Port Matilda

State

PA

Zip Code

16870-7144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Centre Emerg Med Assoc

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 7 / 2 4 / 2 0 0 9

Transaction ID: C760986

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

3500.00

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 / 474

(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)

Joshua Feinstein

Mailing Address 1720 Post Office St

City

Galveston

State

TX

Zip Code

77550-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB

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
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798732

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James A A Feldman

Mailing Address 8 Sage Ln

City

Framingham

State

MA

Zip Code

01701-3880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Boston Med Ctr ED

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 Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802076

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James E E Ferguson

Mailing Address 3127 Waters Lake Bend

City

Missouri City

State

TX

Zip Code

77459-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. James E Ferguson

Occupation

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 Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: C746788

Amount of Each Receipt this Period

150.00

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 109 / 474

(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 D D Ferguson

Mailing Address 834 Chesapeake PI

City

Greenville

State

NC

Zip Code

27858-6239

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey D Ferguson

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761248

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Wesley Fields, III

Mailing Address 24411 Health Center # 660

City

Laguna Hills

State

CA

Zip Code

92653-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saddleback Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761848

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Wesley Fields, III

Mailing Address 24411 Health Center # 660

City

Laguna Hills

State

CA

Zip Code

92653-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saddleback Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807339

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

713.65

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 110 / 474

(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 W W Fiessler

Mailing Address 36 N Mt Lebanon Rd

City

Ion Valley

State

NJ

Zip Code

07853

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMAOccupation
physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C791204

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

Gary Figge

Mailing Address 8039 N Tuscany Dr

City

Tucson

State

AZ

Zip Code

85742-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Med CtrOccupation
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	7	/	2	2	/	2	0	0	9

Transaction ID: C759993

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary Figge

Mailing Address 8039 N Tuscany Dr

City

Tucson

State

AZ

Zip Code

85742-4348

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW Med CtrOccupation
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
1	1	/	2	0	/	2	0	0	9

Transaction ID: C808419

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 474

(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)

Glenn D Fink

Mailing Address 1241 Garden St.

City

Hoboken

State

NJ

Zip Code

07030-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation
MD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C786995

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William Francis Francis Finn, Jr

Mailing Address 401 Phillips Rd

City

Greer

State

SC

Zip Code

29650-2959

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville 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
0 7 / 2 2 / 2 0 0 9

Transaction ID: C759991

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: C785517

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 112 / 474

(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)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791378

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

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 ▼

425.00

Date of Receipt

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

Transaction ID: C798588

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

The Woodlands

State

TX

Zip Code

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810224

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

225.00

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 113 / 474

(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 Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

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 ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839091

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.33

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761732

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.33

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773677

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 114 / 474

(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)

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
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785412

Amount of Each Receipt this Period

100.00

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
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.33

Date of Receipt

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

Transaction ID: C798603

Amount of Each Receipt this Period

100.00

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
Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1183.33

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839118

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

283.33

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 115 / 474

(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)

Jere J J Fitts

Mailing Address 1170 6th Ave Apt 9A

City

Vero Beach

State

FL

Zip Code

32960-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacksonville Naval Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761780

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Jere J J Fitts

Mailing Address 1170 6th Ave Apt 9A

City

Vero Beach

State

FL

Zip Code

32960-7020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jacksonville Naval Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: C787708

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.32

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761730

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

483.33

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 116 / 474

(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)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773671

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C785409

Amount of Each Receipt this Period

83.37

C.

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.32

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787880

Amount of Each Receipt this Period

91.66

SUBTOTAL of Receipts This Page (optional)

258.36

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 / 474

(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)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810220

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

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1108.32

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839106

Amount of Each Receipt this Period

91.66

C.

Full Name (Last, First, Middle Initial)

Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28207-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787020

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

200.32

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 / 474

(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)

Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28207-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787041

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28207-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787073

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28207-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848342

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 119 / 474

(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)

Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28207-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: C848343

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City

Charlotte

State

NC

Zip Code

28207-2454

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: C848344

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	9	

Transaction ID: C761748

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

134.00

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 120 / 474

(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)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802023

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810242

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1075.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839131

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

375.00

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 121 / 474

(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 Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City

Mooreville

State

NC

Zip Code

28117-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven Gerald Folstad

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787022

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City

Mooreville

State

NC

Zip Code

28117-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven Gerald Folstad

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787040

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City

Mooreville

State

NC

Zip Code

28117-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven Gerald Folstad

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787074

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(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 Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City

Mooreville

State

NC

Zip Code

28117-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven Gerald Folstad

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848351

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City

Mooreville

State

NC

Zip Code

28117-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven Gerald Folstad

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848352

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City

Mooreville

State

NC

Zip Code

28117-9062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven Gerald Folstad

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848353

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 474

(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)

Marsha D D Ford

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761722

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773697

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785413

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

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

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☒ 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)

Marsha D D Ford

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787866

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820025

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Marsha D D Ford

Mailing Address PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

504.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839125

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

TOTAL This Period (last page this line number only)

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

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☒ 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)

Dan E E Fox

Mailing Address 108 Corral Cir

City

San Ramon

State

CA

Zip Code

94583-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Camino Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761851

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Dan E E Fox

Mailing Address 108 Corral Cir

City

San Ramon

State

CA

Zip Code

94583-2443

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Camino Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807209

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Wade Curtis Curtis Fox

Mailing Address 379 Osage Dr

City

Roseburg

State

OR

Zip Code

97471-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761813

Amount of Each Receipt this Period

367.64

SUBTOTAL of Receipts This Page (optional)

831.29

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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)

Wade Curtis Curtis Fox

Mailing Address 379 Osage Dr

City

Roseburg

State

OR

Zip Code

97471-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807232

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Leonard S S Franco

Mailing Address 621 N Forest Rd

City

Williamsville

State

NY

Zip Code

14221-4964

FEC ID number of contributing
federal political committee.

C

Name of Employer
Niagara Falls Mem Med Ctr

Occupation

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 7 / 2 9 / 2 0 0 9

Transaction ID: C761350

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michelle F Frangos

Mailing Address 1498 Alexandria Pkwy SE

City

North Canton

State

OH

Zip Code

44709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians

Occupation

Emergency Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 7 / 2 0 0 9

Transaction ID: C780233

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1196.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Michelle F Frangos

Mailing Address 1498 Alexandria Pkwy SE

City

North Canton

State

OH

Zip Code

44709

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians

Occupation

Emergency Medicine Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C803433

Amount of Each Receipt this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

John C C Fredericks

Mailing Address 578 Hidden Ridge Ct

City

Encinitas

State

CA

Zip Code

92024-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emerg Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761876

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

John C C Fredericks

Mailing Address 578 Hidden Ridge Ct

City

Encinitas

State

CA

Zip Code

92024-5839

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emerg Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807357

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

-536.35

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Christopher F F Freer

Mailing Address 502 Alden Ave

City

Westfield

State

NJ

Zip Code

07090-3041

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Barnabas Medical Center

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 8 / 2 8 / 2 0 0 9

Transaction ID: C773727

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John T Friedman

Mailing Address 8615 Canterbury Dr

City

Annandale

State

VA

Zip Code

22003-4327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. John T Friedman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761808

Amount of Each Receipt this Period

367.65

C.

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 ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802080

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

5367.65

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 / 474

(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 P P Funk

Mailing Address 4318 Granby Way

City

Marietta

State

GA

Zip Code

30062-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Joseph P Funk

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
1 1 / 2 0 / 2 0 0 9

Transaction ID: C808423

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Kathleen G G Funk

Mailing Address 4318 Granby Way

City

Marietta

State

GA

Zip Code

30062-8150

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Kathleen G Funk

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
1 1 / 2 0 / 2 0 0 9

Transaction ID: C808424

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Richard Luis Luis Garcia

Mailing Address 528 Coolidge Dr

City

San Gabriel

State

CA

Zip Code

91775-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beverly Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: C776658

Amount of Each Receipt this Period

367.64

SUBTOTAL of Receipts This Page (optional)

1367.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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)

Richard Luis Luis Garcia

Mailing Address 528 Coolidge Dr

City

San Gabriel

State

CA

Zip Code

91775-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beverly Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807199

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761726

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773701

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

346.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☒ 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)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785411

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790768

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

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

Transaction ID: C798606

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

5250.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810228

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

6375.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839119

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

Ann Marie Marie Garritano

Mailing Address 19001 Audette St.

City

Dearborn

State

MI

Zip Code

48124

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCES

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 8 / 2 9 / 2 0 0 9

Transaction ID: C773733

Amount of Each Receipt this Period

1000.00

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 / 474

(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)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Bch

State

CA

Zip Code

90254-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor UCLA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	3	/	2	0	9	

Transaction ID: C766208

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Bch

State

CA

Zip Code

90254-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor UCLA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C798598

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Bch

State

CA

Zip Code

90254-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor UCLA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	0	3	/	2	0	9	

Transaction ID: C800598

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 134 / 474

(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 Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761771

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

Randolph

State

NJ

Zip Code

07869-3534

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785415

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

Randolph

State

NJ

Zip Code

07869-3534

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798738

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 135 / 474
(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 Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

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 ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839120

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mark Gersten

Mailing Address 999 Traci Lane

City

Copley

State

OH

Zip Code

44321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians, Inc

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 8 / 2 4 / 2 0 0 9

Transaction ID: C770208

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emergency Me-
dical

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787019

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

1267.00

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 / 474

(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)

Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emergency Me-
dical

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787056

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emergency Me-
dical

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787089

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emergency Me-
dical

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848320

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 / 474

(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)

Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emergency Me-
dical

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848321

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emergency Me-
dical

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848322

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Michael Alfred Alfred Gibbs

Mailing Address 16 Riverside Dr

City

Falmouth

State

ME

Zip Code

04105-2109

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine 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
1	0	/	0	6	/	2	0	0	9

Transaction ID: C789507

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1034.00

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 / 474

(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 Anthony Giles

Mailing Address 68 Tuxedo Rd

City

Montclair

State

NJ

Zip Code

07109-3550

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMAOccupation
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	8	/	3	1	/	2	0	0	9

Transaction ID: C775342

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Michael James James Gillogley

Mailing Address 6225 Northpoint Way

City

Sacramento

State

CA

Zip Code

95831-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Genl Hosp EROccupation
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	8	/	2	5	/	2	0	0	9

Transaction ID: C770769

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alan H H Gladman

Mailing Address 1720 Middlefield Rd

City

Palo Alto

State

CA

Zip Code

94301-3821

FEC ID number of contributing
federal political committee.

C

Name of Employer
El Camino HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	9	/	2	0	0	9

Transaction ID: C769308

Amount of Each Receipt this Period

100.00

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 PageFOR LINE NUMBER: PAGE 139 / 474
(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 H H Gladman

Mailing Address 1720 Middlefield Rd

City

Palo Alto

State

CA

Zip Code

94301-3821

FEC ID number of contributing
federal political committee.**C**Name of Employer
El Camino Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807349

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Steven Paul Paul Gohsler

Mailing Address 6 Byram Ct

City

Mendham

State

NJ

Zip Code

07945-2932

FEC ID number of contributing
federal political committee.**C**Name of Employer
Morristown Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C789532

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

David Goldschmid

Mailing Address 3884 Harvest Dr

City

Redwood City

State

CA

Zip Code

94061-1143

FEC ID number of contributing
federal political committee.**C**Name of Employer
Seton Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761810

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

1163.65

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 140 / 474

(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 Goldschmid

Mailing Address 3884 Harvest Dr

City

Redwood City

State

CA

Zip Code

94061-1143

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807200

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

William E E Gotthold

Mailing Address 409 Lower Sunnyslope Rd

City

Wenatchee

State

WA

Zip Code

98801-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wenatchee Valley 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
1	2	/	0	2	/	2	0	9	

Transaction ID: C811636

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mylissa Amy Amy Graber

Mailing Address 7809 Trieste Pl

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761734

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

296.00

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 141 / 474

(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)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773703

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785410

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787877

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 142 / 474

(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)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C798589

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810231

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Bch

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839090

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 143 / 474

(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)

Walter J J Grabowski

Mailing Address 62 Fayette St Apt 1

City

Cambridge

State

MA

Zip Code

02139-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brockton 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
0	8		2	1		2	0	0	9

Transaction ID: C769998

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jonathan D Graham

Mailing Address 7718 Canal Rd NE

City

Dover

State

OH

Zip Code

44622

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCEP

Occupation

Emergency room Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	0	9

Transaction ID: C780376

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Jonathan D Graham

Mailing Address 7718 Canal Rd NE

City

Dover

State

OH

Zip Code

44622

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCEP

Occupation

Emergency room Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C803438

Amount of Each Receipt this Period

-1000.00

SUBTOTAL of Receipts This Page (optional)

250.00

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 / 474

(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 Eugene Eugene Graham

Mailing Address 2104 Pell St

City

Scottsboro

State

AL

Zip Code

35769-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ronald Eugene Graham

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 7 / 2 7 / 2 0 0 9

Transaction ID: C761152

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John W W Graneto

Mailing Address 2625 W Ardmore Ave

City

Chicago

State

IL

Zip Code

60659-4911

FEC ID number of contributing
federal political committee.

C

Name of Employer
Swedish Covenant Hospital

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789476

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

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802027

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 145 / 474

(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

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810223

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

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839105

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Charles R R Grassie

Mailing Address 6247 Brighton Rd
6247 Brighton Rd

City

Brighton

State

MI

Zip Code

48116-7721

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 ▼

300.00

Date of Receipt

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

Transaction ID: C783048

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

316.66

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 146 / 474

(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)

Kelly Gray-Eurom

Mailing Address 4228 Fairway Dr

City

Jacksonville

State

FL

Zip Code

32210-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Florida

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802067

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Andrea L L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802031

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrea L L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810206

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 147 / 474

(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 D D Greenberg

Mailing Address 2401 S 31st St

City

Temple

State

TX

Zip Code

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761762

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert D D Greenberg

Mailing Address 2401 S 31st St

City

Temple

State

TX

Zip Code

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787868

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City

Lewisville

State

NC

Zip Code

27023-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen E Greer

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787012

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

521.00

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 / 474

(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 E E Greer

Mailing Address 1029 Chockecherry Ln

City

Lewisville

State

NC

Zip Code

27023-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen E Greer

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787059

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City

Lewisville

State

NC

Zip Code

27023-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen E Greer

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787086

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City

Lewisville

State

NC

Zip Code

27023-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen E Greer

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C848348

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

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 / 474

(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)

Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City

Lewisville

State

NC

Zip Code

27023-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen E Greer

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848349

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City

Lewisville

State

NC

Zip Code

27023-9694

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen E Greer

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848350

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Kevin John John Gregg

Mailing Address 102 Laurel Oak Trl

City

Simpsonville

State

SC

Zip Code

29681-4735

FEC ID number of contributing
federal political committee.

C

Name of Employer
Greenville Meml 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 8 / 0 7 / 2 0 0 9

Transaction ID: C764142

Amount of Each Receipt this Period

600.00

SUBTOTAL of Receipts This Page (optional)

642.00

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 / 474

(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)

Brad Gruehn

Mailing Address 207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Brad Gruehn

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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761729

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Michael L L Guinness

Mailing Address 4721 Swathmore PI

City

Sylvania

State

OH

Zip Code

43560-2992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Michael L Guinness

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 8 / 1 0 / 2 0 0 9

Transaction ID: C765381

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael L L Guinness

Mailing Address 4721 Swathmore PI

City

Sylvania

State

OH

Zip Code

43560-2992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Michael L Guinness

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
1 1 / 2 4 / 2 0 0 9

Transaction ID: C809607

Amount of Each Receipt this Period

100.00

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 151 / 474

(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)

Kenneth S S Gummerson

Mailing Address 12 Wendover Rd

City

Baltimore

State

MD

Zip Code

21218-1832

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors Emergency Services

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
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790794

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Theresa Gunnarson

Mailing Address 7460 Eagle Ridge Rd

City

Orr

State

MN

Zip Code

55771-8473

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saint Marys Medical Center

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802046

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael G G Guttenberg

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802025

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

625.00

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 152 / 474

(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)

Benjamin T T Hafkenschiel

Mailing Address 1100 Westridge Dr

City

Portola Vly

State

CA

Zip Code

94028-7341

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Benjamin T Hafkenschiel

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

396.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807368

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Christopher G G Hamann

Mailing Address 5661 Cypress Hollow Way

City

Naples

State

FL

Zip Code

34109-5908

FEC ID number of contributing
federal political committee.

C

Name of Employer
Naples Emergency Physicians

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 8 / 2 8 / 2 0 0 9

Transaction ID: C773666

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ginger A A Hamrick

Mailing Address 2600 6th St SW

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750675

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2196.00

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

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(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)

Ginger A A Hamrick

Mailing Address 2600 6th St SW

City

Canton

State

OH

Zip Code

44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: C782300

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Juhn Mark Mark Han

Mailing Address 1938 Middle Rd

City

Duluth

State

MN

Zip Code

55811-1621

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Med Ctr

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 9 / 0 2 / 2 0 0 9

Transaction ID: C776096

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Paul K K Hanashiro

Mailing Address 2760 San Pasqual

City

Pasadena

State

CA

Zip Code

91107-5340

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Paul K Hanashiro

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
1 1 / 1 2 / 2 0 0 9

Transaction ID: C804553

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 154 / 474

(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)

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761739

Amount of Each Receipt this Period

250.00

B.

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785408

Amount of Each Receipt this Period

250.00

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 ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839130

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 155 / 474

(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)

Mary E E Hancock

Mailing Address 702 Oakdale Cir

City

Elyria

State

OH

Zip Code

44035-0910

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

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
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792064

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Daniel A Aaron Handel

Mailing Address 12716 NW 26th Ave

City

Vancouver

State

WA

Zip Code

98685-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer
OR Hlth & Science Univ CD-
W-EM

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
1 0 / 1 9 / 2 0 0 9

Transaction ID: C793997

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tricia Thompson Thompson Handel

Mailing Address 3862 Old Post Rd

City

Salisbury

State

MD

Zip Code

21804-2544

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svc Ass

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
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798729

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 156 / 474

(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 Jamieson Jamieson Hanna

Mailing Address 8308 Juxa Dr

City

Myrtle Beach

State

SC

Zip Code

29579-5311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark Jamieson Hanna

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761788

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Alfred R R Hansen

Mailing Address 141 Cherokee Park

City

Lexington

State

KY

Zip Code

40503-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Alfred R Hansen

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
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792234

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Wayne C C Hardwick

Mailing Address 1675 Davis Ln

City

Reno

State

NV

Zip Code

89511-7598

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washoe 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 Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: C770789

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 157 / 474

(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)

Russell H H Harris

Mailing Address 5829 Wissahickon Ave

City

Philadelphia

State

PA

Zip Code

19144-4446

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787842

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Russell H H Harris

Mailing Address 5829 Wissahickon Ave

City

Philadelphia

State

PA

Zip Code

19144-4446

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 ▼

1100.00

Date of Receipt

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

Transaction ID: C788977

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William Carl Carl Harris

Mailing Address 3703 Westbeech Ct

City

Hudsonville

State

MI

Zip Code

49426-7355

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPI, PC

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 7 / 0 1 / 2 0 0 9

Transaction ID: C746792

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

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(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 Douglas Douglas Hartgerink

Mailing Address 2499 Ranchland Dr SW

City

Byron Ctr

State

MI

Zip Code

49315-9797

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metropolitan 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	8	/	0	6	/	2	0	0	9

Transaction ID: C764038

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City

Scotts

State

MI

Zip Code

49088-8340

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Michigan Emerg Svcs PC

Occupation

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
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787834

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City

Scotts

State

MI

Zip Code

49088-8340

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Michigan Emerg Svcs PC

Occupation

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
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810230

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

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(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)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City

Scotts

State

MI

Zip Code

49088-8340

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Michigan Emerg Svcs PC

Occupation

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 Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839099

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stephen Carl Carl Hartsell

Mailing Address 75 N Medical Dr #1150

City

Salt Lake City

State

UT

Zip Code

84132-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Utah 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 Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787844

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

William C C Haselow

Mailing Address 7118 W Lafayette Pl

City

Mequon

State

WI

Zip Code

53092-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity HealthCare 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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802053

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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 / 474

(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)

Kelly A A Hedlund

Mailing Address 2688 Summit Dr

City

Glenview

State

IL

Zip Code

60025-7608

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity HealthCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761779

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Diane Beth Heller

Mailing Address 34 Glen Oaks Ave

City

Summit

State

NJ

Zip Code

07901-2416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morristown Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: C770787

Amount of Each Receipt this Period

700.00

C.

Full Name (Last, First, Middle Initial)

Gary Thomas Hemann

Mailing Address 1650 S Sky Ridge Dr

City

West Des Moines

State

IA

Zip Code

50266-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr

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 8 / 1 3 / 2 0 0 9

Transaction ID: C766205

Amount of Each Receipt this Period

250.00

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 161 / 474

(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)

Sean O'Brien O'Brien Henderson

Mailing Address 7327 Alta Vis

City

La Verne

State

CA

Zip Code

91750-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAC USC Med Ctr EM Dept

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
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787853

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles W W Henrichs, III

Mailing Address 800 N Justice St

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendersonville Emer Consu-
ltant

Occupation

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	7	/	3	0	/	2	0	0	9

Transaction ID: C761764

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles W W Henrichs, III

Mailing Address 800 N Justice St

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendersonville Emer Consu-
ltant

Occupation

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
1	0	/	2	9	/	2	0	0	9

Transaction ID: C798601

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 / 474

(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 T T Herd

Mailing Address 11111 S 84th St

City

Papillion

State

NE

Zip Code

68046-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Hosp

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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796642

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sanford H H Herman

Mailing Address 424 Sandcastle Rd

City

Franklin

State

TN

Zip Code

37069-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gateway Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 9

Transaction ID: C769944

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Herbert Eugene Eugene Hern

Mailing Address 1411 E 31st St

City

Oakland

State

CA

Zip Code

94602-1018

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACMC Dept of EM

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787858

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 163 / 474

(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 O O Herrera

Mailing Address 285 Golf club

City

key west

State

FL

Zip Code

33040

FEC ID number of contributing
federal political committee.

C

Name of Employer
HealingSquad

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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796643

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David A A Hexter

Mailing Address 1405 Tayside Way

City

Bel Air

State

MD

Zip Code

21015-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Social Security Admin

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789495

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Carter D D Hill

Mailing Address 6805 SE 32nd St

City

Mercer Island

State

WA

Zip Code

98040-2555

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland American & Windst-
er

Occupation

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 Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: C754936

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 164 / 474

(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)

Hugh F F Hill, III

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Hopkins Bayview Dept
EM

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
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802094

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MD ED

Occupation

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	7	/	3	0	/	2	0	0	9

Transaction ID: C761755

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MD ED

Occupation

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	9	/	2	8	/	2	0	0	9

Transaction ID: C785414

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 165 / 474

(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)

Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MD ED

Occupation

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
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839121

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761744

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773696

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 166 / 474

(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)

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
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785406

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
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

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

Transaction ID: C789469

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
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810241

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 167 / 474

(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)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839097

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Cherri D D Hobgood

Mailing Address 6599 Gordonton Rd

City

Hurdle Mills

State

NC

Zip Code

27541-9215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosciences 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 Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789477

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

James William William Hoekstra

Mailing Address Medical Center Blvd

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ Schl of
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 Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750699

Amount of Each Receipt this Period

500.00

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 168 / 474

(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)

Douglas James James Hoey

Mailing Address 212 Tanglewood Dr

City

Holland

State

MI

Zip Code

49424-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Comm Hosp

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 8 / 1 8 / 2 0 0 9

Transaction ID: C768732

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Douglas James James Hoey

Mailing Address 212 Tanglewood Dr

City

Holland

State

MI

Zip Code

49424-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Comm Hosp

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 9 / 2 3 / 2 0 0 9

Transaction ID: C782459

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City

Charlotte

State

NC

Zip Code

28226-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787027

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

520.00

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 / 474

(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)

Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City

Charlotte

State

NC

Zip Code

28226-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787042

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City

Charlotte

State

NC

Zip Code

28226-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787078

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City

Charlotte

State

NC

Zip Code

28226-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848286

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

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 / 474

(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)

Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City

Charlotte

State

NC

Zip Code

28226-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848287

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City

Charlotte

State

NC

Zip Code

28226-2619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848288

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Douglas K K Holtzman

Mailing Address 120 Deckerleaf Ct

City

Winston Salem

State

NC

Zip Code

27106-8753

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Douglas K Holtzman

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
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820027

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

290.00

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 171 / 474

(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)

Sandy J J Honke

Mailing Address 3815 Pine View Dr

City

Rapid City

State

SD

Zip Code

57702-6977

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapid City Regional Hosp
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	7		0	9		2	0	0	9

Transaction ID: C749649

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Hans Roberts Roberts House

Mailing Address 200 Hawkins Dr Rcp 1008

City

Iowa City

State

IA

Zip Code

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	9

Transaction ID: C802047

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Shkelzen Hoxhaj

Mailing Address 4130 Drake St

City

Houston

State

TX

Zip Code

77005-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baylor Colg of Med

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
1	0		0	4		2	0	0	9

Transaction ID: C787856

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 172 / 474

(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 Dianne Dianne Hrutkay

Mailing Address 1464 Stoolfire Rd

City

Valley Grove

State

WV

Zip Code

26060-7934

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMSTAR OVMC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787852

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Peter V V Hull

Mailing Address 149 Lost Oak Ct

City

Roseville

State

CA

Zip Code

95661-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Roseville Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761829

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Peter V V Hull

Mailing Address 149 Lost Oak Ct

City

Roseville

State

CA

Zip Code

95661-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Roseville Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815100

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

1363.65

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 173 / 474

(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)

Peter V V Hull

Mailing Address 149 Lost Oak Ct

City

Roseville

State

CA

Zip Code

95661-4062

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Roseville Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810204

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Phillip D D Hunt

Mailing Address 7308 Duckabush Ln

City

Silverdale

State

WA

Zip Code

98383-9342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Phillip D Hunt

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 Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: C770764

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Alice D D Hunter

Mailing Address 38 Tierra Verde Ct

City

Walnut Creek

State

CA

Zip Code

94598-4857

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys Med
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761822

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

567.65

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 174 / 474

(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)

Alice D D Hunter

Mailing Address 38 Tierra Verde Ct

City

Walnut Creek

State

CA

Zip Code

94598-4857

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys Med
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807361

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

David L L Hunter

Mailing Address 784 Lockhart Gulch Rd

City

Scotts Valley

State

CA

Zip Code

95066-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regl Med Ctr of San Jose
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761877

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

David L L Hunter

Mailing Address 784 Lockhart Gulch Rd

City

Scotts Valley

State

CA

Zip Code

95066-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regl Med Ctr of San Jose
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807177

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

559.65

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 175 / 474

(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 Bruce Bruce Irwin

Mailing Address 12328 Bluff Shore Dr

City

Knoxville

State

TN

Zip Code

37922-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Emer Phys

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 8 / 1 3 / 2 0 0 9

Transaction ID: C766210

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John Bruce Bruce Irwin

Mailing Address 12328 Bluff Shore Dr

City

Knoxville

State

TN

Zip Code

37922-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Emer Phys

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
1 2 / 2 8 / 2 0 0 9

Transaction ID: C820216

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerry I I Jacobson

Mailing Address 5137 W Lakewood Dr

City

Visalia

State

CA

Zip Code

93291-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaweah Delta District Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 1 / 2 0 0 9

Transaction ID: C746773

Amount of Each Receipt this Period

100.00

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 176 / 474

(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)

Jerry I I Jacobson

Mailing Address 5137 W Lakewood Dr

City

Visalia

State

CA

Zip Code

93291-9016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaweah Delta District Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807351

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

H Gerlach James, III

Mailing Address 58 Alachua Dr SE

City

Winter Haven

State

FL

Zip Code

33884-1406

FEC ID number of contributing
federal political committee.

C

Name of Employer
InPhyNet

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750697

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

George John John Janas

Mailing Address 290 Brook View Dr

City

Cuyahoga Falls

State

OH

Zip Code

44223-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785431

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1346.00

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 177 / 474

(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)

Stephen G G Jaskowiak

Mailing Address 8531 S 70th E Ave

City

Tulsa

State

OK

Zip Code

74133-5084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Stephen G Jaskowiak

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 7 / 2 3 / 2 0 0 9

Transaction ID: C760127

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Peter Peter John

Mailing Address 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760016

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David Peter Peter John

Mailing Address 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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787879

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 178 / 474

(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 Peter Peter John

Mailing Address 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 ▼

750.00

Date of Receipt

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

Transaction ID: C792237

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alan M M Johnson

Mailing Address 5801 Harbord Dr

City

Oakland

State

CA

Zip Code

94611-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Oakland Childre-
n's

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 Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: C760982

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alan M M Johnson

Mailing Address 5801 Harbord Dr

City

Oakland

State

CA

Zip Code

94611-3122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Oakland Childre-
n's

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 Y
1 2 / 1 5 / 2 0 0 9

Transaction ID: C818082

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 179 / 474

(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)

Kendrick Johnson

Mailing Address 103 Black Gold Ln

City

Folsom

State

CA

Zip Code

95630-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Folsom Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761858

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Kendrick Johnson

Mailing Address 103 Black Gold Ln

City

Folsom

State

CA

Zip Code

95630-3413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Folsom Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807159

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Suzanne E E Johnson

Mailing Address 4329 Gregory St

City

Oakland

State

CA

Zip Code

94619-2238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Suzanne E Johnson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807138

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

559.65

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 180 / 474

(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)

Timothy James James Johnson

Mailing Address 6609 Southdale Rd

City

Edina

State

MN

Zip Code

55435-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Phys PA

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 8 / 1 7 / 2 0 0 9

Transaction ID: C768701

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Timothy James James Johnson

Mailing Address 6609 Southdale Rd

City

Edina

State

MN

Zip Code

55435-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Phys PA

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 9 / 2 3 / 2 0 0 9

Transaction ID: C782464

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ryan Austin Austin Jones

Mailing Address 4315 Beeman Rd

City

Williamson

State

MI

Zip Code

48895-9346

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ryan Austin Jones

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 7 / 2 3 / 2 0 0 9

Transaction ID: C760131

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 181 / 474

(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 Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761760

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773687

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785392

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 182 / 474

(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 W W Judy

Mailing Address 901 S Olivet

City

Columbia

State

MO

Zip Code

65201-9670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Emer Phys

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750665

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Charles W W Judy

Mailing Address 901 S Olivet

City

Columbia

State

MO

Zip Code

65201-9670

FEC ID number of contributing
federal political committee.

C

Name of Employer
Capital Emer Phys

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
1 1 / 0 9 / 2 0 0 9

Transaction ID: C802143

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Frank John Kaerberlein

Mailing Address 9380 Portage St NW

City

Massillon

State

OH

Zip Code

44646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians

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 8 / 2 4 / 2 0 0 9

Transaction ID: C770206

Amount of Each Receipt this Period

1000.00

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 183 / 474

(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 B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761753

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773692

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785401

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 184 / 474

(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 B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

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 ▼

749.97

Date of Receipt

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

Transaction ID: C798592

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810229

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839124

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 185 / 474

(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)

Neeraja Kairam

Mailing Address 20 Club Drive

City

Summit

State

NJ

Zip Code

07901-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C803435

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Kathy Marie Kallman

Mailing Address 1889 Basswood Drive

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCEP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C778481

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kathy Marie Kallman

Mailing Address 1889 Basswood Drive

City

Kent

State

OH

Zip Code

44240

FEC ID number of contributing
federal political committee.

C

Name of Employer
SCEP

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: C803437

Amount of Each Receipt this Period

-500.00

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 186 / 474

(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 ▼

1196.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761727

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 ▼

1196.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773695

Amount of Each Receipt this Period

83.33

C.

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 ▼

1196.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785404

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

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 187 / 474

(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)

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 ▼

1196.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802033

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 ▼

1196.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C807127

Amount of Each Receipt this Period

96.00

C.

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 ▼

1196.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810222

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

262.66

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 188 / 474

(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)

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 ▼

1196.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: C839129

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

William L L Kasdon

Mailing Address 363 Highland Ave

City

Fall River

State

MA

Zip Code

02720-3703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charlton Meml Hosp

Occupation

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	7		2	4		2	0	9	

Transaction ID: C760965

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Marylu Kataja

Mailing Address 5930 Moray Ct

City

Concord

State

NC

Zip Code

28027-6438

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cabarrus Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	9	

Transaction ID: C766279

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

283.33

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 189 / 474

(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)

Gary R R Katz

Mailing Address 7918 Wisteria Ct

City

Dublin

State

OH

Zip Code

43016-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU, ED

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 Y
0 7 / 0 2 / 2 0 0 9

Transaction ID: C746976

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Brian F F Keaton

Mailing Address 164 Silver Valley Blvd

City

Munroe Falls

State

OH

Zip Code

44262-1084

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summa Hlth Syst

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802075

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert Kec

Mailing Address 1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMB 521

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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761775

Amount of Each Receipt this Period

50.00

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 190 / 474

(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)

Robert Kec

Mailing Address 1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMB 521

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	8	/	2	8	/	2	0	9	

Transaction ID: C773700

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert Kec

Mailing Address 1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMB 521

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	9	/	2	8	/	2	0	9	

Transaction ID: C785397

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Robert Kec

Mailing Address 1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMB 521

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
1	0	/	2	9	/	2	0	9	

Transaction ID: C798597

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 191 / 474

(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 Kec

Mailing Address 1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMB 521

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810212

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Robert Kec

Mailing Address 1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing
federal political committee.

C

Name of Employer
PMB 521

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839104

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alfred Brian Brian Kelleher

Mailing Address 5414 Sunrise Bluff Ct

City

Midlothian

State

VA

Zip Code

23112-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
CJW Med Ctr Chippenham

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 8 / 1 0 / 2 0 0 9

Transaction ID: C765385

Amount of Each Receipt this Period

500.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Alfred Brian Brian Kelleher

Mailing Address 5414 Sunrise Bluff Ct

City

Midlothian

State

VA

Zip Code

23112-2516

FEC ID number of contributing
federal political committee.

C

Name of Employer
CJW Med Ctr Chippenham

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 9 / 2 9 / 2 0 0 9

Transaction ID: C785511

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Colleen E E Kelley

Mailing Address 1300 Massachusetts Ave

City

Troy

State

NY

Zip Code

12180-1628

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760008

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alan Kenwood

Mailing Address 6 South Hill Court

City

Morristown

State

NJ

Zip Code

07960

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
ates

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 8 / 2 4 / 2 0 0 9

Transaction ID: C770580

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)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stuart Gary Gary Kessler

Mailing Address PO Box 71

City

Marlboro

State

NJ

Zip Code

07746-0071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Hosp Ctr ED

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 7 / 0 9 / 2 0 0 9

Transaction ID: C749601

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric Michael Michael Ketcham

Mailing Address 228 W 35th St

City

Farmington

State

NM

Zip Code

87401-4047

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Juan Reg Med Ctr

Occupation

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
1 2 / 0 9 / 2 0 0 9

Transaction ID: C814909

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Munir Khalid-Abasi

Mailing Address 17501 Martin Lake Dr

City

Baton Rouge

State

LA

Zip Code

70816-3621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Med Ctr

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750672

Amount of Each Receipt this Period

250.00

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Tariq Khan

Mailing Address 11652 Log Jump Trl

City

Ellicott City

State

MD

Zip Code

21042-1500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sinai Hosp ED

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
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792241

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Babak Khazaeni

Mailing Address 13690 Chaparral Trl

City

Yucaipa

State

CA

Zip Code

92399-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761870

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Babak Khazaeni

Mailing Address 13690 Chaparral Trl

City

Yucaipa

State

CA

Zip Code

92399-3601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807171

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

713.65

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 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 S S Kim

Mailing Address 8038 Sanctuary Dr

City

Corona

State

CA

Zip Code

92883-5952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loma Linda Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761879

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

James S S Kim

Mailing Address 8038 Sanctuary Dr

City

Corona

State

CA

Zip Code

92883-5952

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loma Linda Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807169

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Steven S S Kim

Mailing Address 21766 Thimbleberry Ct

City

Corona

State

CA

Zip Code

92883-7358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: C776657

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

831.30

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 196 / 474

(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 S S Kim

Mailing Address 21766 Thimbleberry Ct

City

Corona

State

CA

Zip Code

92883-7358

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C815107

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Kevin Michael Michael Klauer

Mailing Address 4281 Glenmoor Rd NW

City

Canton

State

OH

Zip Code

44718-2255

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3025.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761707

Amount of Each Receipt this Period

225.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr
Apt 317

City

Waxhaw

State

NC

Zip Code

28173-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: C787029

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

338.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr
Apt 317

City State Zip Code
Waxhaw NC 28173-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787048

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr
Apt 317

City State Zip Code
Waxhaw NC 28173-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787084

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr
Apt 317

City State Zip Code
Waxhaw NC 28173-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848297

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

TOTAL This Period (last page this line number only)

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

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☒ 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 Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr
Apt 317

City State Zip Code
Waxhaw NC 28173-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848298

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr
Apt 317

City State Zip Code
Waxhaw NC 28173-7222

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848299

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey A A Kline

Mailing Address 12026 Matthew Martin Ln

City State Zip Code
Charlotte NC 28216-7767

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

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 7 / 2 2 / 2 0 0 9

Transaction ID: C760012

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

284.00

TOTAL This Period (last page this line number only)

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Theodore I I Kloth

Mailing Address 735 Snyder Ln

City

Walnut Creek

State

CA

Zip Code

94598-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Muir Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761854

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Theodore I I Kloth

Mailing Address 735 Snyder Ln

City

Walnut Creek

State

CA

Zip Code

94598-4410

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Muir Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815083

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Vincent H H Knauf, II

Mailing Address 4860 Louise Dr

City

San Diego

State

CA

Zip Code

92115-1921

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sharp Chula Vista

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815076

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

559.65

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
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(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)

Christopher J J Knuth

Mailing Address 3230 W Riverland Dr

City

Mequon

State

WI

Zip Code

53092-2836

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity HealthCare Inc

Occupation

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 Y
1 0 / 2 1 / 2 0 0 9

Transaction ID: C794385

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Theodore Alfred Alfred Koerner

Mailing Address 23 Penfro Dr

City

Iowa City

State

IA

Zip Code

52246-4927

FEC ID number of contributing
federal political committee.

C

Name of Employer
INRISIS Corp

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
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791391

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Kevin P P Kooiker

Mailing Address 151 Lake Ave N # 100A
Apt 100A

City

Spicer

State

MN

Zip Code

56288-8605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rice Meml Hosp

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 Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: C776660

Amount of Each Receipt this Period

100.00

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
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FOR LINE NUMBER: PAGE 201 / 474

(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)

Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 6 / 2 0 0 9

Transaction ID: C761008

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 6 / 2 0 0 9

Transaction ID: C770811

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C783052

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 202 / 474

(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)

Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C796678

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C809700

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C820071

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 203 / 474

(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)

Shaheed I I Koury

Mailing Address 10623 Monte Vista Ct

City

Fort Wayne

State

IN

Zip Code

46814-9069

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Hosp ED

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	7	/	1	4	/	2	0	9	

Transaction ID: C750674

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Theophile G G Koury

Mailing Address 1033 McCauley Rd

City

Danville

State

CA

Zip Code

94526-1972

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761859

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Theophile G G Koury

Mailing Address 1033 McCauley Rd

City

Danville

State

CA

Zip Code

94526-1972

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C807096

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

713.65

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 204 / 474

(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)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750694

Amount of Each Receipt this Period

54.17

B.

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761757

Amount of Each Receipt this Period

54.17

C.

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773676

Amount of Each Receipt this Period

54.17

SUBTOTAL of Receipts This Page (optional)

162.51

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 205 / 474

(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)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785393

Amount of Each Receipt this Period

54.17

B.

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

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

Transaction ID: C798602

Amount of Each Receipt this Period

54.17

C.

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810236

Amount of Each Receipt this Period

54.17

SUBTOTAL of Receipts This Page (optional)

162.51

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 206 / 474

(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)

Christopher A A Kramer

Mailing Address 4412 SW Gull Point Dr

City

Lees Summit

State

MO

Zip Code

64082-4688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lafayette Regl Hlth Ctr

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764047

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gloria J J Kuhn

Mailing Address 30062 White Hall Dr

City

Farmington Hls

State

MI

Zip Code

48331-1994

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

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 7 / 0 9 / 2 0 0 9

Transaction ID: C749618

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Amy T T Kumagai

Mailing Address PO Box 79

City

Ankeny

State

IA

Zip Code

50021-0079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grinnell Regl Med Ctr

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
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820036

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 207 / 474

(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)

Juliet La Mers

Mailing Address 2655 Mace Rd

City

Camino

State

CA

Zip Code

95709-9609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Hosp

Occupation

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	8		2	8		2	0	9	

Transaction ID: C773686

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Juliet La Mers

Mailing Address 2655 Mace Rd

City

Camino

State

CA

Zip Code

95709-9609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Hosp

Occupation

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
1	1		3	0		2	0	9	

Transaction ID: C810227

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Erik R R Lacy

Mailing Address 12231 Horseshoe Rd

City

Oakdale

State

CA

Zip Code

95361-8876

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Erik R Lacy

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	9	

Transaction ID: C807139

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

596.00

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 208 / 474

(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)

Anthony Thomas Thomas Lagina, III

Mailing Address 4201 St Antoine St 3R

City

Detroit

State

MI

Zip Code

48201-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

Occupation

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 Y
1 0 / 1 4 / 2 0 0 9

Transaction ID: C792065

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Andre Landreville

Mailing Address 11924 Pasco Trails Blvd

City

Spring Hill

State

FL

Zip Code

34610-4803

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Bay 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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761819

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Henry Landsgaard

Mailing Address 5356 Washburn Rd

City

Goodrich

State

MI

Zip Code

48438-8819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Genesys Reg Med Ctr

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 8 / 0 3 / 2 0 0 9

Transaction ID: C763175

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 PageFOR LINE NUMBER: PAGE 209 / 474
(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 B B Lane

Mailing Address 148 Kelly Ave

City

Half Moon Bay

State

CA

Zip Code

94019-1630

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Clara Valley Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

221.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	9	

Transaction ID: C815067

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Catherine Janet Janet Langston

Mailing Address 888 E Main St

City

Batesville

State

AR

Zip Code

72501-3438

FEC ID number of contributing
federal political committee.

C

Name of Employer
White River 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	7	/	2	2	/	2	0	9	

Transaction ID: C760023

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Gary W W Langston

Mailing Address 906 Shady Bend Dr

City

Kennedale

State

TX

Zip Code

76060-5493

FEC ID number of contributing
federal political committee.

C

Name of Employer
John Peter Smith 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	8	/	0	5	/	2	0	9	

Transaction ID: C780414

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

696.00

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 PageFOR LINE NUMBER: PAGE 210 / 474
(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 J Lavonas

Mailing Address 7969 East 23rd Ave

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Health Hospital Au-
thorityOccupation
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	7		2	6		2	0	9	

Transaction ID: C761009

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Health Hospital Au-
thorityOccupation
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	8		2	6		2	0	9	

Transaction ID: C770795

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Health Hospital Au-
thorityOccupation
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	9		2	6		2	0	9	

Transaction ID: C783053

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

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 211 / 474

(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 Lavonas

Mailing Address 7969 East 23rd Ave

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Health Hospital Au-
thority

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C796679

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Health Hospital Au-
thority

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C809701

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City

Denver

State

CO

Zip Code

80238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Denver Health Hospital Au-
thority

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C820072

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

75.00

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 212 / 474

(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 F F Lay

Mailing Address 8502 Lays Cove Pl

City

Odessa

State

FL

Zip Code

33556-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Bay 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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761824

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Christopher Layton

Mailing Address 106 E Caramillo St

City

Colorado Springs

State

CO

Zip Code

80907-7417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front Range Emer Spec

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
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820021

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Duc Hong Hong Le

Mailing Address 68 Main Cir

City

Shrewsbury

State

MA

Zip Code

01545-3349

FEC ID number of contributing
federal political committee.

C

Name of Employer
Day Kimball Hosp

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
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797387

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 213 / 474
(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)

Marvin Leibovich

Mailing Address 10618 Zuber Rd

City

Alexander

State

AR

Zip Code

72002-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of AR for Med Sci

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802072

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jeffery J J Leinen

Mailing Address 1754 Oro Valley Cir

City

Walnut Creek

State

CA

Zip Code

94596-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffery J Leinen

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761846

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Jeffery J J Leinen

Mailing Address 1754 Oro Valley Cir

City

Walnut Creek

State

CA

Zip Code

94596-6157

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jeffery J Leinen

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807288

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

1463.65

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 214 / 474

(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)

Alan S S Lemansky

Mailing Address 12 Pal Dr

City

Ocean Twp

State

NJ

Zip Code

07712-2552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Alan S Lemansky

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C787792

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City

New York

State

NY

Zip Code

10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761759

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

John McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City

New York

State

NY

Zip Code

10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773670

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1166.66

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 215 / 474

(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 McMullen McMullen Lemery

Mailing Address 619 E 11th St Apt 1B
Apt 1B

City	State	Zip Code
New York	NY	10009-9702

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Presbyterian HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C785400

Amount of Each Receipt this Period

83.37

B.

Full Name (Last, First, Middle Initial)

Brian J J Levine

Mailing Address 1824 Wawaset St

City	State	Zip Code
Wilmington	DE	19806-2133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christiana Care Hlth SystOccupation
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
1	2	/	0	7	/	2	0	0	9

Transaction ID: C812397

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Gary Alan Alan Li

Mailing Address 215 Vista De Sierra

City	State	Zip Code
Los Gatos	CA	95030-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp EDOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761844

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

551.02

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 216 / 474

(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)

Gary Alan Alan Li

Mailing Address 215 Vista De Sierra

City

Los Gatos

State

CA

Zip Code

95030-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807342

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Gary Alan Alan Li

Mailing Address 215 Vista De Sierra

City

Los Gatos

State

CA

Zip Code

95030-6320

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 3 / 2 0 0 9

Transaction ID: C808759

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787015

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

213.00

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 217 / 474

(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 E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787060

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787085

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C848534

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 218 / 474

(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 E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848535

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Timothy E E Lietz

Mailing Address 7331 Baltusrol

City

Charlotte

State

NC

Zip Code

28210-4923

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Timothy E Lietz

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848536

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

C Eric Lindborg

Mailing Address PO Box 96

City

Kailua Kona

State

HI

Zip Code

96745-0096

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Kona Cl-
inic

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
1	0	/	1	5	/	2	0	0	9

Transaction ID: C792243

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

284.00

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 219 / 474

(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)

Jo Linder

Mailing Address PO Box 8552

City

Portland

State

ME

Zip Code

04104-8552

FEC ID number of contributing
federal political committee.

C

Name of Employer
Maine 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 Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791404

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Steven J J Lipsky

Mailing Address 6721 N 62nd St

City

Paradise Valley

State

AZ

Zip Code

85253-4309

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paradise Valley Emerg Phys

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802070

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Edward H H Lipton

Mailing Address 1540 Wedgewood Rd

City

Hillsborough

State

CA

Zip Code

94010-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Edward H Lipton

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761847

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

1867.65

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 220 / 474

(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 H H Lipton

Mailing Address 1540 Wedgewood Rd

City

Hillsborough

State

CA

Zip Code

94010-7344

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Edward H Lipton

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C807247

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Darren S S Lisse

Mailing Address 2806 Mustang Dr

City

Herndon

State

VA

Zip Code

20171-3532

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: C796647

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Todd M M Listwa

Mailing Address 1100 Sedgefield Rd
1

City

Charlotte

State

NC

Zip Code

28209-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787025

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

1117.00

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 221 / 474

(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)

Todd M M Listwa

Mailing Address 1100 Sedgefield Rd
1

City State Zip Code
Charlotte NC 28209-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787050

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Todd M M Listwa

Mailing Address 1100 Sedgefield Rd
1

City State Zip Code
Charlotte NC 28209-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787083

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Todd M M Listwa

Mailing Address 1100 Sedgefield Rd
1

City State Zip Code
Charlotte NC 28209-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848537

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

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 222 / 474

(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)

Todd M M Listwa

Mailing Address 1100 Sedgefield Rd
1

City State Zip Code
Charlotte NC 28209-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848538

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Todd M M Listwa

Mailing Address 1100 Sedgefield Rd
1

City State Zip Code
Charlotte NC 28209-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848539

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Harry Marete Marete Little

Mailing Address 294 Holly Ln

City State Zip Code
Mocksville NC 27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787034

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

62.00

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 223 / 474

(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)

Harry Marette Marette Little

Mailing Address 294 Holly Ln

City

Mocksville

State

NC

Zip Code

27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: C787053

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Harry Marette Marette Little

Mailing Address 294 Holly Ln

City

Mocksville

State

NC

Zip Code

27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	9	

Transaction ID: C787070

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Harry Marette Marette Little

Mailing Address 294 Holly Ln

City

Mocksville

State

NC

Zip Code

27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	9	

Transaction ID: C848290

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

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 224 / 474

(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)

Harry Marette Marette Little

Mailing Address 294 Holly Ln

City

Mocksville

State

NC

Zip Code

27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848291

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Harry Marette Marette Little

Mailing Address 294 Holly Ln

City

Mocksville

State

NC

Zip Code

27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid Atlantic Emer Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848292

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

S Thomas Lloyd

Mailing Address 2116 Sagamore Rd

City

Akron

State

OH

Zip Code

44313-4531

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron General Med Ctr ED

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810260

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

290.00

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 225 / 474

(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)

Luis F F Lobon

Mailing Address 1493 Cambridge St
Cambridge Hospital/CHA

City	State	Zip Code
Cambridge	MA	02139-1047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cambridge Hospital/CHAOccupation
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
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802051

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert D D Londeree, III

Mailing Address 4112 N 50th Pl

City	State	Zip Code
Phoenix	AZ	85018-4413

FEC ID number of contributing
federal political committee.

C

Name of Employer
Scottsdale Healthcare OsbornOccupation
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	7	/	2	2	/	2	0	0	9

Transaction ID: C760018

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael B B Longley

Mailing Address 5804 Cruiser Way

City	State	Zip Code
Tampa	FL	33615-4215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Michael B LongleyOccupation
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	7	/	3	0	/	2	0	0	9

Transaction ID: C761817

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 226 / 474

(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)

Scott D D Lopata

Mailing Address 5409 E Butte Canyon Dr

City

Cave Creek

State

AZ

Zip Code

85331-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Scott D Lopata

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761809

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Scott D D Lopata

Mailing Address 5409 E Butte Canyon Dr

City

Cave Creek

State

AZ

Zip Code

85331-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Scott D Lopata

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807112

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Keith E E Loring

Mailing Address 206 Hoffman Ave

City

San Francisco

State

CA

Zip Code

94114-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761837

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

831.30

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 227 / 474

(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)

Keith E E Loring

Mailing Address 206 Hoffman Ave

City

San Francisco

State

CA

Zip Code

94114-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807198

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Christopher H H Louisell

Mailing Address 214 Cedar St

City

Red Bluff

State

CA

Zip Code

96080-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shasta Emerg Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761842

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Christopher H H Louisell

Mailing Address 214 Cedar St

City

Red Bluff

State

CA

Zip Code

96080-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shasta Emerg Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807123

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

559.65

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 228 / 474

(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 Lozano, Jr

Mailing Address 4824 Longwater Way

City

Tampa

State

FL

Zip Code

33615-4216

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761725

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Thomas Andrew Andrew Lukaszczuk

Mailing Address PO Box 80596

City

Bakersfield

State

CA

Zip Code

93380-0596

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761826

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Thomas Andrew Andrew Lukaszczuk

Mailing Address PO Box 80596

City

Bakersfield

State

CA

Zip Code

93380-0596

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815095

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

713.65

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 229 / 474

(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 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
Metro Hlth Med Ctr Dept
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791377

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Sharon E E Mace

Mailing Address 11961 Laurel Rd

City

Chesterland

State

OH

Zip Code

44026-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic 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 Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789511

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ricardo Machado

Mailing Address 886 Polaris Crossing Blvd

City

Westerville

State

OH

Zip Code

43081-8974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Phys

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
1 2 / 1 1 / 2 0 0 9

Transaction ID: C815137

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1270.00

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 230 / 474

(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 L L Mackey

Mailing Address 1740 W Taylor St # 722

City

Chicago

State

IL

Zip Code

60612-7232

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of IL C(H) - Room 16-
00

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
1	0	/	0	6	/	2	0	0	9

Transaction ID: C789479

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Thomas C C Madden

Mailing Address 6195 Deerwood Dr

City

Greenwood

State

IN

Zip Code

46143-9159

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bloomington Hosp ED

Occupation

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	7	/	2	7	/	2	0	0	9

Transaction ID: C761154

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Mark L L Mandell

Mailing Address 43 Yacht Club Dr

City

Lake Hopatcong

State

NJ

Zip Code

07849-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA of NJ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	9

Transaction ID: C791393

Amount of Each Receipt this Period

700.00

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 231 / 474

(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 Matthew Matthew Maniago

Mailing Address 475 Seaview Ave
Apt 3B

City State Zip Code
Staten Island NY 10305-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Staten Island Univ Hosp
ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: C760137

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eric Matthew Matthew Maniago

Mailing Address 475 Seaview Ave
Apt 3B

City State Zip Code
Staten Island NY 10305-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Staten Island Univ Hosp
ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802042

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Francisco C C Mappala

Mailing Address 714 Cirencester Ave

City State Zip Code
Middlesboro KY 40965-2141

FEC ID number of contributing
federal political committee.

C

Name of Employer
Middlesboro Community Hosp

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
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798730

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 232 / 474

(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)

Nelly Ann Ann Marcano

Mailing Address 6108 Chene Ct

City

Lutz

State

FL

Zip Code

33558-2848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Nelly Ann Marcano

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761863

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gary Gerard Gerard March

Mailing Address 10643 Arbour Dr

City

Brighton

State

MI

Zip Code

48114-9095

FEC ID number of contributing
federal political committee.

C

Name of Employer
Providence Hosp

Occupation

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 Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760004

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Oscar Marcilla

Mailing Address 35 William Place

City

Glen Rock

State

NJ

Zip Code

07452-3210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

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 8 / 2 4 / 2 0 0 9

Transaction ID: C770582

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2300.00

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 233 / 474

(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)

Catherine Anna Anna Marco

Mailing Address 7129 Jamesford Dr

City

Toledo

State

OH

Zip Code

43617-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Toledo Med Ctr

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
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790772

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Catherine Anna Anna Marco

Mailing Address 7129 Jamesford Dr

City

Toledo

State

OH

Zip Code

43617-1370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Toledo Med Ctr

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
1 2 / 0 2 / 2 0 0 9

Transaction ID: C811631

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Otto J J Marquez

Mailing Address 7011 Lakewood Blvd

City

Dallas

State

TX

Zip Code

75214-3559

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Consultants

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796671

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 234 / 474

(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)

Daniel R R Martin

Mailing Address 5981 Weathered Oak Ct

City

Westerville

State

OH

Zip Code

43082-8304

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio State Univ Med Ctr

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789504

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James F F Martin

Mailing Address 7 Buttonwood Ln E

City

Rumson

State

NJ

Zip Code

07760-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
Womack Army Med Ctr

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
1 2 / 1 5 / 2 0 0 9

Transaction ID: C818086

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ricardo Martinez

Mailing Address 2828 cravey drive ne

City

atlanta

State

GA

Zip Code

30345-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer
the schumacher group

Occupation

executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: C785492

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 235 / 474

(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 A A Marx

Mailing Address PO Box 32861

Carolinas Medical Ctr

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Medical Ctr

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761219

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David Mason

Mailing Address 4514 Charlestowne Manor Dr

City

Charlotte

State

NC

Zip Code

28211-3184

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEMA

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 7 / 2 2 / 2 0 0 9

Transaction ID: C760033

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas Lee Lee Mason

Mailing Address 19207 Stableford Ln

City

Cornelius

State

NC

Zip Code

28031-5243

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787819

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 236 / 474

(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)

Timothy Matlack Jr

Mailing Address 3398 Crestwood Circle

City

Cuyahoga Falls

State

OH

Zip Code

44223

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians

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 8 / 2 4 / 2 0 0 9

Transaction ID: C770581

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Bonnie B B Matthaues

Mailing Address PO Box 7270

City

Wilmington

State

DE

Zip Code

19803-0270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr of Delaware ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791370

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Angela F F Matke

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787881

Amount of Each Receipt this Period

100.00

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 237 / 474

(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)

Angela F F Mattke

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810218

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Angela F F Mattke

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839096

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth P P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City

Edgewater

State

MD

Zip Code

21037-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Med Ctr

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 8 / 2 4 / 2 0 0 9

Transaction ID: C770586

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 238 / 474

(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)

Elizabeth P P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City

Edgewater

State

MD

Zip Code

21037-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Med Ctr

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787882

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Elizabeth P P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City

Edgewater

State

MD

Zip Code

21037-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Med Ctr

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810221

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Elizabeth P P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City

Edgewater

State

MD

Zip Code

21037-4700

FEC ID number of contributing
federal political committee.

C

Name of Employer
Anne Arundel Med Ctr

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
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839098

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 239 / 474

(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)

C L L McArthur, III

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.33

Date of Receipt

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

Transaction ID: C793996

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

C L L McArthur, III

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.33

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807202

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Joseph T T McCaslin

Mailing Address 16402 Ridgmont St

City

Omaha

State

NE

Zip Code

68136-4020

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meth 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 7 / 0 3 / 2 0 0 9

Transaction ID: C747007

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

429.33

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 PageFOR LINE NUMBER: PAGE 240 / 474
(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 S S McClellan

Mailing Address 311 W Wilson Ave

City

Spokane

State

WA

Zip Code

99208-7224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sacred Heart Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C789528

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael McCrea

Mailing Address 2017 Lexington Dr

City

Perrysburg

State

OH

Zip Code

43551-5449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lucas County Emergency Ph-
ys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	9

Transaction ID: C798728

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John McDermott

Mailing Address 1007 Shote Dr

City

Brielle

State

NJ

Zip Code

08730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. John McDermott

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

Transaction ID: C797467

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 241 / 474

(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)

Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Emer Med Svc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761770

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Emer Med Svc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: C789513

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Emer Med Svc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

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

Transaction ID: C820328

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

525.00

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 242 / 474

(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 A A McEnrue

Mailing Address 1118 Garden St

City

Hoboken

State

NJ

Zip Code

07030-4305

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 ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	9

Transaction ID: C812393

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mara Ann Ann McErlan

Mailing Address 47 New Scotland Ave

City

Albany

State

NY

Zip Code

12208-3412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Med Ctr ED

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
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802079

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Douglas L L McGee

Mailing Address Box 174

City

Birchrunville

State

PA

Zip Code

19421-0174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Einstein Med Ctr/
PCOM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761738

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 243 / 474

(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)

Douglas L L McGee

Mailing Address Box 174

City

Birchrunville

State

PA

Zip Code

19421-0174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Einstein Med Ctr/
PCOM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802050

Amount of Each Receipt this Period

100.00

B.

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761735

Amount of Each Receipt this Period

250.00

C.

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787873

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 244 / 474

(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)

Martin McGreivy

Mailing Address 7108 Exfair Rd

City

Bethesda

State

MD

Zip Code

20814-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer
Montgomery Emer Phys

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761227

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Christine C McKain

Mailing Address 261 Brookside Dr

City

Piketon

State

OH

Zip Code

45661-9079

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pike Community 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
0 8 / 0 5 / 2 0 0 9

Transaction ID: C776702

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William G G McKinnon

Mailing Address PO Box 6002

City

Grand Forks

State

ND

Zip Code

58206-6002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Altru Hosp ED

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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796668

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 245 / 474

(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)

Ronald K K McLearn

Mailing Address 3626 Hathaway Rd

City

Durham

State

NC

Zip Code

27707-5139

FEC ID number of contributing
federal political committee.

C

Name of Employer
Durham Emergency Physicia-
ns PA

Occupation

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	7	/	2	2	/	2	0	0	9

Transaction ID: C759976

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

John M M McMahon, Jr

Mailing Address 1419 6th St

City

Daphne

State

AL

Zip Code

36526-4465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springhill Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

Transaction ID: C749634

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John M M McMahon, Jr

Mailing Address 1419 6th St

City

Daphne

State

AL

Zip Code

36526-4465

FEC ID number of contributing
federal political committee.

C

Name of Employer
Springhill Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C788974

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 246 / 474

(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)

Monica M M McMillan

Mailing Address 4027 Sisteron Ct

City

Merced

State

CA

Zip Code

95348-9540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr Merced

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807191

Amount of Each Receipt this Period

96.00

B.

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

M M / D D / Y Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761292

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Brandon L L Mednick

Mailing Address 215 Scenic Pass

City

Fayetteville

State

GA

Zip Code

30215-8117

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Brandon L Mednick

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
1 1 / 1 2 / 2 0 0 9

Transaction ID: C804570

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1096.00

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 247 / 474

(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

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 ▼

1017.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761733

Amount of Each Receipt this Period

85.00

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 ▼

1017.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773691

Amount of Each Receipt this Period

85.00

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 ▼

1017.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C785391

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

255.00

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 248 / 474

(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)

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 ▼

1017.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787869

Amount of Each Receipt this Period

84.00

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 ▼

1017.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810211

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 ▼

1017.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839103

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

252.00

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 249 / 474

(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 J J Meharg

Mailing Address 738 Ashbury St

City

San Francisco

State

CA

Zip Code

94117-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761831

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

John J J Meharg

Mailing Address 738 Ashbury St

City

San Francisco

State

CA

Zip Code

94117-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 4 / 2 0 0 9

Transaction ID: C763242

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John J J Meharg

Mailing Address 738 Ashbury St

City

San Francisco

State

CA

Zip Code

94117-4014

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807355

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

563.65

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 250 / 474

(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)

Helmut W W Meisl

Mailing Address 130 Stadler Dr

City

Woodside

State

CA

Zip Code

94062-4817

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C815087

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey S S Menkes

Mailing Address 465 Buckland Hills Dr #23112
Apt 23112

City

Manchester

State

CT

Zip Code

06042-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761223

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey S S Menkes

Mailing Address 465 Buckland Hills Dr #23112
Apt 23112

City

Manchester

State

CT

Zip Code

06042-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Transaction ID: C782468

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1096.00

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 251 / 474

(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 S S Menkes

Mailing Address 465 Buckland Hills Dr #23112
Apt 23112

City State Zip Code
Manchester CT 06042-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Hosp ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C796480

Amount of Each Receipt this Period

100.00

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
Cmnty Med Ctr ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761728

Amount of Each Receipt this Period

100.00

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
Cmnty Med Ctr ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773699

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 252 / 474

(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)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

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 ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	9	

Transaction ID: C785396

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

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 ▼

1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	9	

Transaction ID: C802034

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	9	

Transaction ID: C776071

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 253 / 474

(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 L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787874

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

Baltimore

State

MD

Zip Code

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810245

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

Baltimore

State

MD

Zip Code

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839109

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 254 / 474

(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 B B Michelson

Mailing Address 35 Sawbuck Rd

City

Reno

State

NV

Zip Code

89519-8003

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Emer Phys Assoc

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	8	/	1	7	/	2	0	0	9

Transaction ID: C768699

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard A A Midthun

Mailing Address 29359 Wagon Rd

City

Agoura

State

CA

Zip Code

91301-2737

FEC ID number of contributing
federal political committee.

C

Name of Employer
Los Robles Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	2	/	2	0	0	9

Transaction ID: C760009

Amount of Each Receipt this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Marc A Milano

Mailing Address 18 Rowland Drive

City

Hillsborough

State

NJ

Zip Code

08844-4061

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA Emergency Medical Ass-
ociates

Occupation

EM Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C785588

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

3725.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(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 A Milbrandt

Mailing Address 11111 Ironwood Ave N

City

West Lakeland

State

MN

Zip Code

55082-5068

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fairview Lakes 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 Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802061

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Calvin J J Miller

Mailing Address 205 Upper Godfrey Dr

City

Leechburg

State

PA

Zip Code

15656-7230

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Alle-Kiski Med Ctr

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
1 0 / 1 6 / 2 0 0 9

Transaction ID: C792407

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761749

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

2083.33

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 256 / 474

(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 S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773694

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785398

Amount of Each Receipt this Period

83.37

C.

Full Name (Last, First, Middle Initial)

James C C Mitchiner

Mailing Address 1265 Barrister Rd

City

Ann Arbor

State

MI

Zip Code

48105-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Mercy Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802073

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

666.70

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 257 / 474

(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)

Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Mercy Oakland
Hosp

Occupation

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761721

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Mercy Oakland
Hosp

Occupation

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
1 0 / 2 9 / 2 0 0 9

Transaction ID: C798605

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey Alan Alan Moore

Mailing Address 1200 Founders Lake Dr

City

Athens

State

GA

Zip Code

30606-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
GA Emer Med Spec

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785429

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 258 / 474

(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 C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Hlth Sci Univ CDW-
EM

Occupation

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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761743

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Oregon Hlth Sci Univ CDW-
EM

Occupation

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 Y
1 0 / 2 9 / 2 0 0 9

Transaction ID: C798600

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory J J Moran

Mailing Address 14445 Olive View Dr N Annex

City

Sylmar

State

CA

Zip Code

91342-1437

FEC ID number of contributing
federal political committee.

C

Name of Employer
Olive View/UCLA Med Ctr,
DEM

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 7 / 2 2 / 2 0 0 9

Transaction ID: C760007

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 259 / 474

(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)

Dexter L L Morris

Mailing Address 5 Moore Dr MAIC 4497

City

Durham

State

NC

Zip Code

27709-0143

FEC ID number of contributing
federal political committee.

C

Name of Employer
GlaxoSmithKline

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764037

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John B B Moskow

Mailing Address 2201 Plumbrook Dr

City

Austin

State

TX

Zip Code

78746-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svc Prtnrs La Costa
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C789502

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

John B B Moskow

Mailing Address 2201 Plumbrook Dr

City

Austin

State

TX

Zip Code

78746-6233

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svc Prtnrs La Costa
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 2 4 / 2 0 0 9

Transaction ID: C809615

Amount of Each Receipt this Period

100.00

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 260 / 474

(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 B B Mostofi

Mailing Address 46 Frothingham St

City

Milton

State

MA

Zip Code

02186-3317

FEC ID number of contributing
federal political committee.

C

Name of Employer
New England Med Ctr

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802049

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

William Ray Ray Mostow

Mailing Address 21 W Berridge Ln

City

Phoenix

State

AZ

Zip Code

85013-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Reg Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761878

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

William Ray Ray Mostow

Mailing Address 21 W Berridge Ln

City

Phoenix

State

AZ

Zip Code

85013-1509

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Reg Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807146

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

1463.64

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☒ 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)

Alvin J J Murn

Mailing Address 107 Rutan Ct

City

Mooreville

State

NC

Zip Code

28117-8497

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

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 7 / 2 3 / 2 0 0 9

Transaction ID: C760126

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Carla Elizabeth Elizabeth Murphy

Mailing Address 1196 Preserve Cir

City

Golden

State

CO

Zip Code

80401-7045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svc Phys PC

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789488

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daniel G G Murphy

Mailing Address 36 Huntington Rd

City

Garden City

State

NY

Zip Code

11530-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Emerg Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761761

Amount of Each Receipt this Period

100.00

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 262 / 474

(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)

Daniel G G Murphy

Mailing Address 36 Huntington Rd

City

Garden City

State

NY

Zip Code

11530-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Emerg Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787814

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Matthew T T Murray

Mailing Address 205 N 33rd St

City

Colorado Springs

State

CO

Zip Code

80904-1411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mem Hosp

Occupation

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 Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: C749615

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City

Cornelius

State

NC

Zip Code

28031-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787028

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

1317.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(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)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City

Cornelius

State

NC

Zip Code

28031-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787043

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City

Cornelius

State

NC

Zip Code

28031-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787076

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City

Cornelius

State

NC

Zip Code

28031-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848294

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 264 / 474

(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)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City

Cornelius

State

NC

Zip Code

28031-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848295

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City

Cornelius

State

NC

Zip Code

28031-7621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848296

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

John H H Myers

Mailing Address 7505 Primrose Dr

City

Irving

State

TX

Zip Code

75063-8435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Questcare Partners

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789484

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1034.00

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 265 / 474

(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 E E Myers

Mailing Address 2200 Randallia Dr
Pro Emer Phys IncCity State Zip Code
Ft Wayne IN 46805-4638FEC ID number of contributing
federal political committee.**C**Name of Employer
Pro Emer Phys IncOccupation
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 7 / 2 2 / 2 0 0 9

Transaction ID: C760015

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Elaine Nelson

Mailing Address 1963 Fallen Leaf Ln

City State Zip Code
Los Altos CA 94024-7207FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Elaine NelsonOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761849

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Elaine Nelson

Mailing Address 1963 Fallen Leaf Ln

City State Zip Code
Los Altos CA 94024-7207FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Elaine NelsonOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

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

Transaction ID: C775476

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

717.65

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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☒ 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)

Elaine Nelson

Mailing Address 1963 Fallen Leaf Ln

City

Los Altos

State

CA

Zip Code

94024-7207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Elaine Nelson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807259

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 1408 Vermont St
Apt 134

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761716

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 1408 Vermont St
Apt 134

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773682

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

396.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 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 1408 Vermont St
Apt 134

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785399

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 1408 Vermont St
Apt 134

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787867

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address 1408 Vermont St
Apt 134

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810226

Amount of Each Receipt this Period

100.00

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)
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(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 1408 Vermont St
Apt 134

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 ▼

1650.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839123

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark William William Nesbit

Mailing Address 1442 Bluewater Rd

City State Zip Code
Harrisonburg VA 22801-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark William Nesbit

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 7 / 2 2 / 2 0 0 9

Transaction ID: C760006

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Mark William William Nesbit

Mailing Address 1442 Bluewater Rd

City State Zip Code
Harrisonburg VA 22801-8645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark William Nesbit

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 9 / 0 4 / 2 0 0 9

Transaction ID: C776691

Amount of Each Receipt this Period

100.00

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

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(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)

Timothy P P Nesper

Mailing Address 1222 Llano

City

San Clemente

State

CA

Zip Code

92673-4035

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761875

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Timothy P P Nesper

Mailing Address 1222 Llano

City

San Clemente

State

CA

Zip Code

92673-4035

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.65

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Transaction ID: C807183

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Vivien Newbold

Mailing Address 509 Graham School Rd

City

Gallipolis

State

OH

Zip Code

45631-9133

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Vivien Newbold

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 9 / 0 9 / 2 0 0 9

Transaction ID: C778385

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

563.65

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

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(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)

Douglas Edward Edward Newton

Mailing Address 7320 N Canyon View PR NE

City

Benton City

State

WA

Zip Code

99320-9582

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Douglas Edward Newton

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 8 / 3 1 / 2 0 0 9

Transaction ID: C775371

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ryan K K Ngiam

Mailing Address 4919 Pepelani Loop # 8C

City

Princeville

State

HI

Zip Code

96722-5357

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kauai Vet Meml 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
1 1 / 1 2 / 2 0 0 9

Transaction ID: C804561

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Phong Nguyen

Mailing Address 543 Acacia Ct

City

Redlands

State

CA

Zip Code

92373-5667

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761814

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

717.65

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 271 / 474

(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)

Phong Nguyen

Mailing Address 543 Acacia Ct

City

Redlands

State

CA

Zip Code

92373-5667

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Transaction ID: C807221

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Thuan Nguyen

Mailing Address 247 W Swan Dr

City

Chandler

State

AZ

Zip Code

85286-7770

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Thuan Nguyen

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
1	2	/	0	9	/	2	0	0	9

Transaction ID: C814910

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Constance Gail Nichols

Mailing Address 8 Laurel St.

City

Paxton

State

MA

Zip Code

01612-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
Umass

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
1	2	/	1	7	/	2	0	0	9

Transaction ID: C818376

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1596.00

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 272 / 474

(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 R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

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 ▼

1149.99

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761763

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

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 ▼

1149.99

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773685

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

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 ▼

1149.99

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785395

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 273 / 474

(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)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

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 ▼

1149.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802026

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

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 ▼

1149.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810217

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

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 ▼

1149.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839095

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 274 / 474

(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 Nicker

Mailing Address 10503 Greensprings Dr

City

Tampa

State

FL

Zip Code

33626-1724

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 3 / 2 0 0 9

Transaction ID: C760138

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Leroy Nickles, Jr

Mailing Address 166 Lynette Dr

City

Ft Lee

State

NJ

Zip Code

07024-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer
SoundShore Medical Center

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 8 / 2 8 / 2 0 0 9

Transaction ID: C773721

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Elliot S S Nipomnick

Mailing Address 509 Woodland Rd

City

Kentfield

State

CA

Zip Code

94904-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chinese Hosp

Occupation

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 8 / 1 7 / 2 0 0 9

Transaction ID: C768696

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 275 / 474

(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)

Elliot S S Nipomnick

Mailing Address 509 Woodland Rd

City

Kentfield

State

CA

Zip Code

94904-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chinese Hosp

Occupation

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 9 / 2 3 / 2 0 0 9

Transaction ID: C782466

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Elliot S S Nipomnick

Mailing Address 509 Woodland Rd

City

Kentfield

State

CA

Zip Code

94904-2637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Chinese Hosp

Occupation

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
1 2 / 2 9 / 2 0 0 9

Transaction ID: C820324

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jerry Dale Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jerry Dale Nix

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787024

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

221.00

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 276 / 474

(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)

Jerry Dale Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jerry Dale Nix

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787047

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Jerry Dale Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jerry Dale Nix

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787080

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Jerry Dale Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jerry Dale Nix

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848301

Amount of Each Receipt this Period

21.00

SUBTOTAL of Receipts This Page (optional)

63.00

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 277 / 474

(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)

Jerry Dale Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jerry Dale Nix

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848302

Amount of Each Receipt this Period

21.00

B.

Full Name (Last, First, Middle Initial)

Jerry Dale Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jerry Dale Nix

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848303

Amount of Each Receipt this Period

21.00

C.

Full Name (Last, First, Middle Initial)

Charles Niziol

Mailing Address 2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laredo Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: C760991

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

542.00

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 278 / 474

(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 Niziol

Mailing Address 2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laredo Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C788981

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Charles Niziol

Mailing Address 2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing
federal political committee.

C

Name of Employer
Laredo Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C811641

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Terrence D D Noah, Jr

Mailing Address 3500 Gaston Ave

City

Dallas

State

TX

Zip Code

75246-2017

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

M M / D D / Y Y Y Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761228

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 279 / 474

(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)

Terrence D D Noah, Jr

Mailing Address 3500 Gaston Ave

City

Dallas

State

TX

Zip Code

75246-2017

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

M M / D D / Y Y Y Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: C782301

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Melinda Boye Boye Nolan

Mailing Address 32 Littleworth Rd

City

Manahawkin

State

NJ

Zip Code

08050-3008

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761237

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Joyce Norman

Mailing Address 5801 Laramie Ave

City

Woodland Hills

State

CA

Zip Code

91367-5527

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Joyce Norman

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 7 / 1 7 / 2 0 0 9

Transaction ID: C754956

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 280 / 474

(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)

Ron Nutovits

Mailing Address 39 King Arthur Ct

City

State

Zip Code

New City

NY

10956-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785385

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ron Nutovits

Mailing Address 39 King Arthur Ct

City

State

Zip Code

New City

NY

10956-6353

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

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 9 / 3 0 / 2 0 0 9

Transaction ID: C787006

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert E E O'Connor

Mailing Address 515 Foxdale Ln

City

State

Zip Code

Charlottesville

VA

22903-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of VA Hlth Svc-Dept
of EM

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789472

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 281 / 474

(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)

Mary O'Neill

Mailing Address 28 Burnham St # 2
2

City State Zip Code
Somerville MA 02144-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Reg
Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761720

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Mary O'Neill

Mailing Address 28 Burnham St # 2
2

City State Zip Code
Somerville MA 02144-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Reg
Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773693

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Mary O'Neill

Mailing Address 28 Burnham St # 2
2

City State Zip Code
Somerville MA 02144-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Reg
Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785383

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

125.01

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 282 / 474

(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)

Mary O'Neill

Mailing Address 28 Burnham St # 2
2

City State Zip Code
Somerville MA 02144-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Reg
Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

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

Transaction ID: C798594

Amount of Each Receipt this Period

41.67

B.

Full Name (Last, First, Middle Initial)

Mary O'Neill

Mailing Address 28 Burnham St # 2
2

City State Zip Code
Somerville MA 02144-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Reg
Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810219

Amount of Each Receipt this Period

41.67

C.

Full Name (Last, First, Middle Initial)

Mary O'Neill

Mailing Address 28 Burnham St # 2
2

City State Zip Code
Somerville MA 02144-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Milford-Whitinsville Reg
Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839112

Amount of Each Receipt this Period

41.67

SUBTOTAL of Receipts This Page (optional)

125.01

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Joshua S S Obak

Mailing Address PO Box 11038

City

Fresno

State

CA

Zip Code

93771-1038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sierra Kings District Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 7 / 2 0 0 9

Transaction ID: C747630

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Steven Robert Robert Offerman

Mailing Address 5921 Shepard Ave

City

Sacramento

State

CA

Zip Code

95819-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Hosp

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750692

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven Robert Robert Offerman

Mailing Address 5921 Shepard Ave

City

Sacramento

State

CA

Zip Code

95819-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Hosp

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
1 0 / 1 2 / 2 0 0 9

Transaction ID: C791304

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)
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FOR LINE NUMBER: PAGE 284 / 474

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Martin E E Ogle

Mailing Address 24411 Health Center Dr # 660

City

Laguna Hills

State

CA

Zip Code

92653-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761855

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Martin E E Ogle

Mailing Address 24411 Health Center Dr # 660

City

Laguna Hills

State

CA

Zip Code

92653-3698

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

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

Transaction ID: C807895

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

William P P Olivieri

Mailing Address 18 Steeplechase Ln

City

Asbury

State

NJ

Zip Code

08802-1086

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackettstown Cmnty 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 7 / 3 0 / 2 0 0 9

Transaction ID: C761885

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

563.65

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 474

(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 M M Otani

Mailing Address 2070 Clinton Ave

City

Alameda

State

CA

Zip Code

94501-4399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alameda Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761845

Amount of Each Receipt this Period

367.65

B.

Full Name (Last, First, Middle Initial)

Eric M M Otani

Mailing Address 2070 Clinton Ave

City

Alameda

State

CA

Zip Code

94501-4399

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alameda Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

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

Transaction ID: C807794

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Jorge E Otero

Mailing Address 245 E Rock Rd

City

New Haven

State

CT

Zip Code

06511-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790795

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

546.98

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(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)

Jorge E Otero

Mailing Address 245 E Rock Rd

City

New Haven

State

CT

Zip Code

06511-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810210

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Jorge E Otero

Mailing Address 245 E Rock Rd

City

New Haven

State

CT

Zip Code

06511-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839102

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Chris Ott

Mailing Address 1001 Ogden St

City

Denver

State

CO

Zip Code

80218-2807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Apex Emer Group

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761226

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
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FOR LINE NUMBER: PAGE 287 / 474

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☒ 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 T T Overton

Mailing Address 1000 Oakland Dr

City

Kalamazoo

State

MI

Zip Code

49008-1282

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSU/KCMS

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802074

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven A A Pace

Mailing Address 40 Bonney St

City

Steilacoom

State

WA

Zip Code

98388-1502

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma Emer Care Phys

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 8 / 1 9 / 2 0 0 9

Transaction ID: C769301

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David C C Packo

Mailing Address 4535 Dressler Rd NW

City

Canton

State

OH

Zip Code

44718-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med 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 9 / 0 3 / 2 0 0 9

Transaction ID: C776651

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 288 / 474

(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 Phillip Phillip Parker

Mailing Address 555 W Webb Rd

City

Eagleville

State

TN

Zip Code

37060-4028

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Emerg Care
PLLC

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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796664

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Rebecca B B Parker

Mailing Address 5880 Highland Ln

City

Lakewood

State

IL

Zip Code

60014-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Rebecca B Parker

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761772

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rebecca B B Parker

Mailing Address 5880 Highland Ln

City

Lakewood

State

IL

Zip Code

60014-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Rebecca B Parker

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787855

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 289 / 474

(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)

Nilesh Patel

Mailing Address 520 W 43rd St Apt 27J
Apt 27JCity State Zip Code
New York NY 10036-4355FEC ID number of contributing
federal political committee.**C**Name of Employer
St Josephs Regl Med CtrOccupation
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	7	/	1	4	/	2	0	0	9

Transaction ID: C750684

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles F F Pattavina

Mailing Address 360 Broadway
360 BroadwayCity State Zip Code
Bangor ME 04401-3979FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	1	7	/	2	0	0	9

Transaction ID: C754953

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Charles F F Pattavina

Mailing Address 360 Broadway
360 BroadwayCity State Zip Code
Bangor ME 04401-3979FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761773

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 290 / 474

(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 F F Pattavina

Mailing Address 360 Broadway
360 BroadwayCity State Zip Code
Bangor ME 04401-3979FEC ID number of contributing
federal political committee.**C**Name of Employer
St Joseph HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

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

Transaction ID: C789470

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Drew J J Paulson

Mailing Address 1961 S 38th Dr
Apt 58City State Zip Code
Yuma AZ 85364-4916FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: C760998

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Drew J J Paulson

Mailing Address 1961 S 38th Dr
Apt 58City State Zip Code
Yuma AZ 85364-4916FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: C776678

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

730.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 474

(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)

Drew J J Paulson

Mailing Address 1961 S 38th Dr
Apt 58City State Zip Code
Yuma AZ 85364-4916FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C787709

Amount of Each Receipt this Period

240.00

B.

Full Name (Last, First, Middle Initial)

Drew J J Paulson

Mailing Address 1961 S 38th Dr
Apt 58City State Zip Code
Yuma AZ 85364-4916FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

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

Transaction ID: C801554

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

Drew J J Paulson

Mailing Address 1961 S 38th Dr
Apt 58City State Zip Code
Yuma AZ 85364-4916FEC ID number of contributing
federal political committee.**C**Name of Employer
Southwest Emer PhysOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	4	/	2	0	0	9

Transaction ID: C811757

Amount of Each Receipt this Period

240.00

SUBTOTAL of Receipts This Page (optional)

720.00

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 292 / 474

(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

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761765

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 4199 Douglass Way

City

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

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

Transaction ID: C789466

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

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810244

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 293 / 474

(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

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing
federal political committee.

C

Name of Employer
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839122

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761774

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773690

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)

417.33

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 294 / 474

(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)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785381

Amount of Each Receipt this Period

167.00

B.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

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

Transaction ID: C798596

Amount of Each Receipt this Period

167.00

C.

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810225

Amount of Each Receipt this Period

167.00

SUBTOTAL of Receipts This Page (optional)

501.00

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 295 / 474

(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)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing
federal political committee.

C

Name of Employer
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1503.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839094

Amount of Each Receipt this Period

167.00

B.

Full Name (Last, First, Middle Initial)

Mark D D Pearlmutter

Mailing Address 440 Boylston St

City

Brookline

State

MA

Zip Code

02445-6005

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Elizabeths Hosp

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 Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802058

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Cmnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787864

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

600.33

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 296 / 474

(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)

Alberto Perez

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Cmnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810216

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Cmnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839111

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Paul K K Perry

Mailing Address 3401 N Wilder Rd

City

Plant City

State

FL

Zip Code

33565-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761839

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.66

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 297 / 474

(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 K K Perry

Mailing Address 3401 N Wilder Rd

City

State

Zip Code

Plant City

FL

33565-2677

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C811633

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Charles Allan Allan Phillips

Mailing Address 6801 Trinity Landing Dr S

City

State

Zip Code

Ft Worth

TX

76132-3754

FEC ID number of contributing
federal political committee.

C

Name of Employer
Questcare

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
1 1 / 2 0 / 2 0 0 9

Transaction ID: C808429

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

John S S Phillips

Mailing Address 208 Topaz St

City

State

Zip Code

New Orleans

LA

70124-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mem Med Ctr Baptist

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 Y
0 9 / 0 4 / 2 0 0 9

Transaction ID: C776680

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 298 / 474

(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)

Gina Marie Marie Piazza

Mailing Address 526 Walden Hills Ct

City

Augusta

State

GA

Zip Code

30909-0225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Coll of Georgia

Occupation

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
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787860

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Phil Michael Michael Piccinini

Mailing Address 1470 Lorain Rd

City

San Marino

State

CA

Zip Code

91108-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Meml Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761867

Amount of Each Receipt this Period

367.65

C.

Full Name (Last, First, Middle Initial)

Phil Michael Michael Piccinini

Mailing Address 1470 Lorain Rd

City

San Marino

State

CA

Zip Code

91108-2506

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Francis Meml Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

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

Transaction ID: C807849

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

763.65

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 299 / 474

(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)

Edwin Cary Cary Pigman

Mailing Address 3100 Bonnett Creek Rd

City

Avon Park

State

FL

Zip Code

33825-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp Heartland Div

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C780436

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Edwin Cary Cary Pigman

Mailing Address 3100 Bonnett Creek Rd

City

Avon Park

State

FL

Zip Code

33825-7609

FEC ID number of contributing
federal political committee.

C

Name of Employer
FL Hosp Heartland Div

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C814919

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Karen Lisa Lisa Pike

Mailing Address 953 Terra Bella

City

San Jose

State

CA

Zip Code

95125-2656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comm Hosp Los Gatos

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761871

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

867.65

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 300 / 474

(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)

Karen Lisa Lisa Pike

Mailing Address 953 Terra Bella

City

San Jose

State

CA

Zip Code

95125-2656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Comm Hosp Los Gatos

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.65

Date of Receipt

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

Transaction ID: C807806

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Randy L L Pilgrim

Mailing Address 117 Canterbury Rd

City

Lafayette

State

LA

Zip Code

70503-3639

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Randy L Pilgrim

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C775463

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Edward Adam Adam Pillar

Mailing Address 35605 Abelia St

City

Murrieta

State

CA

Zip Code

92562-4462

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 ▼

467.65

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761828

Amount of Each Receipt this Period

367.65

SUBTOTAL of Receipts This Page (optional)

1463.65

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 301 / 474

(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)

Edward Adam Adam Pillar

Mailing Address 35605 Abelia St

City

Murrieta

State

CA

Zip Code

92562-4462

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 ▼

467.65

Date of Receipt

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

Transaction ID: C805530

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David J J Pillow, Jr

Mailing Address 5332 Wateka Dr

City

Dallas

State

TX

Zip Code

75209-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Paul Univ Hosp

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 7 / 2 7 / 2 0 0 9

Transaction ID: C761163

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stephen R R Pitts

Mailing Address 5775 Heards Forest Dr

City

Atlanta

State

GA

Zip Code

30328-4756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Crawford Long 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 Y
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761246

Amount of Each Receipt this Period

1000.00

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 302 / 474

(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 Steven Plotkin

Mailing Address 7267 NW 122nd Ave

City

Parkland

State

FL

Zip Code

33076-4622

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sheridan Healthcorp

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
1 2 / 3 0 / 2 0 0 9

Transaction ID: C848249

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

George Podgorny

Mailing Address 2115 Georgia Ave

City

Winston Salem

State

NC

Zip Code

27104-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moses H Cone Meml Hosp

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 7 / 1 7 / 2 0 0 9

Transaction ID: C754962

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert H H Potts, Jr

Mailing Address PO Box 3319

City

Copper Mtn

State

CO

Zip Code

80443-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vail Valley Med Ctr

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 7 / 2 9 / 2 0 0 9

Transaction ID: C761367

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 303 / 474

(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)

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 ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761751

Amount of Each Receipt this Period

100.00

B.

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 ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787878

Amount of Each Receipt this Period

83.33

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 ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C812405

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 304 / 474

(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

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 ▼

949.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839101

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Eva Prakash

Mailing Address 334 Gershwin Dr

City

Houston

State

TX

Zip Code

77079-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHEP

Occupation

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
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787830

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Andrew Prechtel

Mailing Address 14624 Old Vermillion Dr

City

Huntersville

State

NC

Zip Code

28078-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848313

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

350.33

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 305 / 474

(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 Prechtel

Mailing Address 14624 Old Vermillion Dr

City

Huntersville

State

NC

Zip Code

28078-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848314

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Andrew Prechtel

Mailing Address 14624 Old Vermillion Dr

City

Huntersville

State

NC

Zip Code

28078-5324

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

301.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C848315

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Louise A A Prince

Mailing Address 750 E Adams St

City

Syracuse

State

NY

Zip Code

13210-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Upstate Med Univ ED

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
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802066

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

284.00

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 306 / 474

(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 Hannon Hannon Proctor

Mailing Address 320 Old Hickory Blvd # 1200
Apt 1200City State Zip Code
Nashville TN 37221-1310FEC ID number of contributing
federal political committee.**C**Name of Employer
Columbia Southern Hls Med
CtrOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802057

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Christopher R R Pund

Mailing Address 872 Golden Bell Pl

City State Zip Code
Lexington KY 40515-1198FEC ID number of contributing
federal political committee.**C**Name of Employer
Marshall Emer Svc Assoc
PSCOccupation
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	7	/	0	1	/	2	0	0	9

Transaction ID: C746769

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher R R Pund

Mailing Address 872 Golden Bell Pl

City State Zip Code
Lexington KY 40515-1198FEC ID number of contributing
federal political committee.**C**Name of Employer
Marshall Emer Svc Assoc
PSCOccupation
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	9	/	2	8	/	2	0	0	9

Transaction ID: C785389

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 307 / 474

(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 R R Pund

Mailing Address 872 Golden Bell Pl

City

Lexington

State

KY

Zip Code

40515-1198

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marshall Emer Svc Assoc
PSC

Occupation

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
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839108

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City

Huntersville

State

NC

Zip Code

28078-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Sankalp Puri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787013

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City

Huntersville

State

NC

Zip Code

28078-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Sankalp Puri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787044

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

284.00

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 308 / 474

(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)

Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City

Huntersville

State

NC

Zip Code

28078-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Sankalp Puri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787075

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City

Huntersville

State

NC

Zip Code

28078-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Sankalp Puri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848336

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City

Huntersville

State

NC

Zip Code

28078-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Sankalp Puri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848337

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 309 / 474

(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)

Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City

Huntersville

State

NC

Zip Code

28078-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Sankalp Puri

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848338

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Kenneth Bruce Quenneville

Mailing Address 700 Partridge Ln

City

Eagle Lake

State

TX

Zip Code

77434-3214

FEC ID number of contributing
federal political committee.

C

Name of Employer
Columbus Cmnty Hosp

Occupation

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
1 2 / 0 9 / 2 0 0 9

Transaction ID: C814918

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Daniel L L Quion

Mailing Address 12677 Hesperia Rd # 120
Ste 120

City

Victorville

State

CA

Zip Code

92395-7735

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760013

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)

967.00

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 310 / 474

(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 L L Quion

Mailing Address 12677 Hesperia Rd # 120
Ste 120

City	State	Zip Code
Victorville	CA	92395-7735

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary Med CtrOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

746.00

Date of Receipt

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

Transaction ID: C807873

Amount of Each Receipt this Period

96.00

B.

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
Stark County Emergency Ph-
ysiciansOccupation
Emergency Room 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	8	/	1	2	/	2	0	0	9

Transaction ID: C766159

Amount of Each Receipt this Period

100.00

C.

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
Stark County Emergency Ph-
ysiciansOccupation
Emergency Room 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	9	/	0	6	/	2	0	0	9

Transaction ID: C776709

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1096.00

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 PageFOR LINE NUMBER: PAGE 311 / 474
(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)

Pamela Ramsey

Mailing Address 11730 S Hagan St

City

Olathe

State

KS

Zip Code

66062-8023

FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of KS 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	7		2	8		2	0	9	

Transaction ID: C761286

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Robert Philip Philip Realmuto

Mailing Address 2001 Via Teca

City

San Clemente

State

CA

Zip Code

92673-5659

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orange Coast Meml Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	9	

Transaction ID: C761838

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Robert Philip Philip Realmuto

Mailing Address 2001 Via Teca

City

San Clemente

State

CA

Zip Code

92673-5659

FEC ID number of contributing
federal political committee.**C**Name of Employer
Orange Coast Meml Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807820

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

963.64

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 312 / 474

(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)

Linda A A Regan

Mailing Address 112 Tregarone Rd

City

Timonium

State

MD

Zip Code

21093-2522

FEC ID number of contributing
federal political committee.**C**Name of Employer
Johns Hopkins Med Inst

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
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839083

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

C Michael Remoll

Mailing Address 1754 Long Green Dr

City

Annapolis

State

MD

Zip Code

21409-5853

FEC ID number of contributing
federal political committee.**C**Name of Employer
Anne Arundel Med Ctr ED

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	7	/	3	0	/	2	0	0	9

Transaction ID: C761787

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

David Rentz

Mailing Address 304 Balwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.**C**Name of Employer
Mid-Atlantic EM Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787018

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

1017.00

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 313 / 474

(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 Rentz

Mailing Address 304 Balwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic EM Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787052

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

David Rentz

Mailing Address 304 Balwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic EM Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787091

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

David Rentz

Mailing Address 304 Balwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic EM Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848277

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 314 / 474

(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 Rentz

Mailing Address 304 Balwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic EM Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: C848278

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

David Rentz

Mailing Address 304 Balwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic EM Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: C848279

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Lisa M M Rentz

Mailing Address 304 Baldwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	9	

Transaction ID: C787031

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 315 / 474

(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 M M Rentz

Mailing Address 304 Baldwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787049

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Lisa M M Rentz

Mailing Address 304 Baldwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787079

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Lisa M M Rentz

Mailing Address 304 Baldwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848317

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 316 / 474

(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 M M Rentz

Mailing Address 304 Baldwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848318

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Lisa M M Rentz

Mailing Address 304 Baldwin Ave

City

Charlotte

State

NC

Zip Code

28204-3112

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848319

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Kathy Diana Diana Reschke

Mailing Address PO Box 993744

City

Redding

State

CA

Zip Code

96099-3744

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shasta Emerg Med Grp MCA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

321.00

Date of Receipt

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

Transaction ID: C807816

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

130.00

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 317 / 474

(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)

Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787007

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787023

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787092

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 318 / 474

(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)

Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848274

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848275

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848276

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 319 / 474

(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)

Martin Axel Axel Reznak

Mailing Address 4201 St Antoine 3R
Apt 417

City State Zip Code
 Detroit MI 48201-2153

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

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
 1 0 / 0 3 / 2 0 0 9

Transaction ID: C802039

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Laura C C Richey

Mailing Address 1737 Chevelle Dr

City State Zip Code
 Baton Rouge LA 70806-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earl K Long Med Ctr

Occupation
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 Y
 0 7 / 3 0 / 2 0 0 9

Transaction ID: C761783

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

Laura C C Richey

Mailing Address 1737 Chevelle Dr

City State Zip Code
 Baton Rouge LA 70806-8411

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earl K Long Med Ctr

Occupation
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 Y
 0 9 / 0 2 / 2 0 0 9

Transaction ID: C776084

Amount of Each Receipt this Period

100.00

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 320 / 474

(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)

William D D Richmond

Mailing Address 86 Shorebird Loop

City

Pawleys Island

State

SC

Zip Code

29585-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer
Georgetown Mem Hosp, ED
Dir

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750670

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Leonard M M Riggs, Jr

Mailing Address 8226 Douglas Ave # 709

City

Dallas

State

TX

Zip Code

75225-5929

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 2 4 / 2 0 0 9

Transaction ID: C760985

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Stephan Rinnert

Mailing Address 126 Westminister Rd

City

Brooklyn

State

NY

Zip Code

11218-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Univ of NY @ Brookl-
yn

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 8 / 2 0 / 2 0 0 9

Transaction ID: C769934

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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 321 / 474

(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)

Stephan Rinnert

Mailing Address 126 Westminister Rd

City

Brooklyn

State

NY

Zip Code

11218-3444

FEC ID number of contributing
federal political committee.

C

Name of Employer
State Univ of NY @ Brook-
lyn

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785423

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

David Carlos Carlos Riojas

Mailing Address 2602 Rogers Cir

City

San Antonio

State

TX

Zip Code

78258-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christus Santa Rosa 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 Y
0 9 / 2 2 / 2 0 0 9

Transaction ID: C782312

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

Cary

State

NC

Zip Code

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761745

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

333.33

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 322 / 474

(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)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

Cary

State

NC

Zip Code

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773683

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Mark R R Riser

Mailing Address 108 Balsamwood Ct

City

Cary

State

NC

Zip Code

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mark R Riser

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785384

Amount of Each Receipt this Period

83.37

C.

Full Name (Last, First, Middle Initial)

Jaime B B Rivas

Mailing Address 2408 Oak Canyon Pl

City

Escondido

State

CA

Zip Code

92025-6743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jaime B Rivas

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761821

Amount of Each Receipt this Period

367.64

SUBTOTAL of Receipts This Page (optional)

534.34

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 323 / 474

(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)

Jaime B B Rivas

Mailing Address 2408 Oak Canyon Pl

City

Escondido

State

CA

Zip Code

92025-6743

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jaime B Rivas

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807926

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Jamil F Rizqalla

Mailing Address 557 AVALON GARDENS DR.

City

NANUET

State

NY

Zip Code

10954-7444

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	2	/	2	0	0	9

Transaction ID: C776070

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sam S S Roberts, III

Mailing Address 6300 La Calma Dr Ste 200

City

Austin

State

TX

Zip Code

78752-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svc Partners LP

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	7	/	0	2	/	2	0	0	9

Transaction ID: C746982

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

446.00

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 324 / 474

(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)

Sam S S Roberts, III

Mailing Address 6300 La Calma Dr Ste 200

City

Austin

State

TX

Zip Code

78752-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Svc Partners LP

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789509

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)

Paul F F Robinson

Mailing Address 6 Woodberry Ct

City

Little Rock

State

AR

Zip Code

72212-2740

FEC ID number of contributing
federal political committee.

C

Name of Employer
EM/Urgent Care Inc

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789478

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Frederick A A Robley

Mailing Address 10705 Woodridden St

City

Oklahoma City

State

OK

Zip Code

73170-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grady Mem 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 7 / 2 2 / 2 0 0 9

Transaction ID: C760000

Amount of Each Receipt this Period

250.00

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 PageFOR LINE NUMBER: PAGE 325 / 474
(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)

Howard Roemer

Mailing Address 6161 S Yale

City

Tulsa

State

OK

Zip Code

74136-1902

FEC ID number of contributing
federal political committee.

C

Name of Employer
University Oklahoma

Occupation

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	8	/	0	9	/	2	0	0	9

Transaction ID: C764169

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Carol Rogala

Mailing Address 36110 Cherrywood St

City

Yucaipa

State

CA

Zip Code

92399-5721

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Carol Rogala

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
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787832

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Brian G G Rogers

Mailing Address 21993 Deer Park Dr

City

Chugiak

State

AK

Zip Code

99567-5326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Brian G Rogers

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	7	/	2	8	/	2	0	0	9

Transaction ID: C761217

Amount of Each Receipt this Period

100.00

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 326 / 474

(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)

Brian G G Rogers

Mailing Address 21993 Deer Park Dr

City

Chugiak

State

AK

Zip Code

99567-5326

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Brian G Rogers

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764031

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Todd A A Rogers

Mailing Address 102 Craborchard PI

City

Chapel Hill

State

NC

Zip Code

27514-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Durham Emer Phys PA

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 8 / 0 3 / 2 0 0 9

Transaction ID: C763166

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher T T Roes

Mailing Address 3589 Rocky Ridge Ct

City

Sparks

State

NV

Zip Code

89431-1303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reno Emer Phys

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 8 / 1 8 / 2 0 0 9

Transaction ID: C768731

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 327 / 474

(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 W W Rosbrugh, Jr

Mailing Address 13112 King Palm Ct

City

Bakersfield

State

CA

Zip Code

93314-6529

FEC ID number of contributing
federal political committee.

C

Name of Employer
CCEMP

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 Y
0 8 / 2 5 / 2 0 0 9

Transaction ID: C770786

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

James W W Rosbrugh, Jr

Mailing Address 13112 King Palm Ct

City

Bakersfield

State

CA

Zip Code

93314-6529

FEC ID number of contributing
federal political committee.

C

Name of Employer
CCEMP

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 Y
0 9 / 0 2 / 2 0 0 9

Transaction ID: C776077

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Atilio R R Roscher

Mailing Address 3813 County Club Rd

City

Easton

State

PA

Zip Code

18045-2914

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hillcrest Emer Serv

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 7 / 2 3 / 2 0 0 9

Transaction ID: C760129

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 328 / 474

(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)

Alexander Max Max Rosenau

Mailing Address PO Box 689 JDMCC Ste 214

City

Allentown

State

PA

Zip Code

18105-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hosp

Occupation

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	8	/	2	8	/	2	0	9	

Transaction ID: C773684

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Alexander Max Max Rosenau

Mailing Address PO Box 689 JDMCC Ste 214

City

Allentown

State

PA

Zip Code

18105-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hosp

Occupation

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
1	1	/	3	0	/	2	0	9	

Transaction ID: C810209

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Yoav Rosenblat

Mailing Address 15 kinzel lane

City

west orange

State

NJ

Zip Code

07052-2171

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medicine Associ-
ates

Occupation

Emergency Medicine 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	9	/	3	0	/	2	0	9	

Transaction ID: C785550

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 329 / 474

(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 Craig Craig Rosenbloom

Mailing Address PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1593.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761708

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1593.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761853

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1593.64

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802045

Amount of Each Receipt this Period

380.00

SUBTOTAL of Receipts This Page (optional)

997.64

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
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FOR LINE NUMBER: PAGE 330 / 474

(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 Craig Craig Rosenbloom

Mailing Address PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing
federal political committee.

C

Name of Employer
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1593.64

Date of Receipt

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

Transaction ID: C807894

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

David William William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front EM Specialties Inc

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761710

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

David William William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front EM Specialties Inc

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789467

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

596.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 331 / 474

(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 J J Rothstein

Mailing Address 8600 Old Georgetown Rd

City

Bethesda

State

MD

Zip Code

20814-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suburban Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C759995

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Robert J J Rothstein

Mailing Address 8600 Old Georgetown Rd

City

Bethesda

State

MD

Zip Code

20814-1422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Suburban Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: C792244

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Noelle Ann Ann Rotondo

Mailing Address 609 Southridge Dr

City

Mechanicsburg

State

PA

Zip Code

17055-6056

FEC ID number of contributing
federal political committee.

C

Name of Employer
York Hosp ED

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789524

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5250.00

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 332 / 474

(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 Samuel Samuel Rubens

Mailing Address 2 Stone Rdg Ct

City

Jamestown

State

NC

Zip Code

27282-8750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Regl Emer Phys PA

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 9 / 1 4 / 2 0 0 9

Transaction ID: C778575

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Raymond Remo Remo Rudoni

Mailing Address 401 S Ballenger Hwy

City

Flint

State

MI

Zip Code

48532-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Specialists PC

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802068

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sebastian A A Rueckert

Mailing Address 170 Dielman Rd

City

Saint Louis

State

MO

Zip Code

63124-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christian 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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802059

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 333 / 474

(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)

Dino Peter Peter Rumoro

Mailing Address 26 W 381 Glen Eagles Dr

City

Winfield

State

IL

Zip Code

60190-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Univ Med Ctr

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789522

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John A A Russ, III

Mailing Address 5500 Larchwood Lane

City

Toledo

State

OH

Zip Code

43614-1249

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Health Care Servi-
ces

Occupation

MD

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 2 / 2 0 0 9

Transaction ID: C770005

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Anil J J Sahjiwani

Mailing Address 2514 Wildlife Run

City

Lutz

State

FL

Zip Code

33559-7389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Bay Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 0 / 2 0 0 9

Transaction ID: C769946

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 334 / 474

(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)

Anil J J Sahijwani

Mailing Address 2514 Wildlife Run

City

Lutz

State

FL

Zip Code

33559-7389

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tampa Bay Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775358

Amount of Each Receipt this Period

-1000.00

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 ▼

669.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 0 9

Transaction ID: C782534

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 ▼

669.36

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 9 / 2 0 0 9

Transaction ID: C785546

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

-832.00

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 335 / 474

(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 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 ▼

669.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	9

Transaction ID: C794122

Amount of Each Receipt this Period

-84.00

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 ▼

669.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	4	/	2	0	0	9

Transaction ID: C796637

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 ▼

669.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	4	/	2	0	0	9

Transaction ID: C808767

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

84.00

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 336 / 474

(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 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 ▼

669.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	4	/	2	0	9	

Transaction ID: C820052

Amount of Each Receipt this Period

84.00

B.

Full Name (Last, First, Middle Initial)

Armando G G Samaniego

Mailing Address 3313 N Lucile Ln

City

Lafayette

State

CA

Zip Code

94549-5425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Armando G Samaniego

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	9	

Transaction ID: C761811

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Armando G G Samaniego

Mailing Address 3313 N Lucile Ln

City

Lafayette

State

CA

Zip Code

94549-5425

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Armando G Samaniego

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807773

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

547.64

TOTAL This Period (last page this line number only)

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

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(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)

Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City

Huntersville

State

NC

Zip Code

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787021

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City

Huntersville

State

NC

Zip Code

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787055

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City

Huntersville

State

NC

Zip Code

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787072

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 338 / 474

(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)

Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City

Huntersville

State

NC

Zip Code

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848310

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City

Huntersville

State

NC

Zip Code

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848311

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City

Huntersville

State

NC

Zip Code

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848312

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 339 / 474

(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 L L Schaar

Mailing Address 1318 Gasparilla Dr

City

Ft Myers

State

FL

Zip Code

33901-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer
S Gulf Coast Emer Phys

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 8 / 0 5 / 2 0 0 9

Transaction ID: C776700

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Thomas L L Schaar

Mailing Address 1318 Gasparilla Dr

City

Ft Myers

State

FL

Zip Code

33901-7712

FEC ID number of contributing
federal political committee.

C

Name of Employer
S Gulf Coast Emer Phys

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 9 / 2 9 / 2 0 0 9

Transaction ID: C785515

Amount of Each Receipt this Period

400.00

C.

Full Name (Last, First, Middle Initial)

Robert W W Schafermeyer

Mailing Address 1000 Blythe Blvd-PO Box 32861

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMC

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761233

Amount of Each Receipt this Period

500.00

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 340 / 474

(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)

Dean E E Schanen

Mailing Address 41 Tiburon St

City

The Hills

State

TX

Zip Code

78738

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Dean E Schanen

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 Y
0 7 / 2 5 / 2 0 0 9

Transaction ID: C761005

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Frederick M M Schiavone

Mailing Address 31 Pagnotta Dr

City

Port Jefferson Sta

State

NY

Zip Code

11776-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Stony Brook Dept EM

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 9 / 0 1 / 2 0 0 9

Transaction ID: C775482

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Frederick M M Schiavone

Mailing Address 31 Pagnotta Dr

City

Port Jefferson Sta

State

NY

Zip Code

11776-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Stony Brook Dept EM

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
1 0 / 0 7 / 2 0 0 9

Transaction ID: C790113

Amount of Each Receipt this Period

150.00

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 341 / 474

(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)

Mike Schlosser

Mailing Address 13120 Birch Rd

City

Lake Park

State

MN

Zip Code

56554-9653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Merit Care ED

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	8	/	1	9	/	2	0	0	9

Transaction ID: C769303

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Eric W W Schmidt

Mailing Address 8 Laurel St

City

Paxton

State

MA

Zip Code

01612-1238

FEC ID number of contributing
federal political committee.

C

Name of Employer
UMass

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
1	2	/	1	7	/	2	0	0	9

Transaction ID: C818375

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Margaret Beth Beth Schneider

Mailing Address 300 Overhill Dr

City

Redding

State

CA

Zip Code

96001-0300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Enloe 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
0	8	/	0	6	/	2	0	0	9

Transaction ID: C764043

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 PageFOR LINE NUMBER: PAGE 342 / 474
(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)

Margaret Beth Beth Schneider

Mailing Address 300 Overhill Dr

City

Redding

State

CA

Zip Code

96001-0300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Enloe 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
1	0	/	1	3	/	2	0	9	

Transaction ID: C791409

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Sandra M M Schneider

Mailing Address 601 Elmwood Ave Box 655

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Rochester Schl of
Med

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1035.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	9	

Transaction ID: C787854

Amount of Each Receipt this Period

35.00

C.

Full Name (Last, First, Middle Initial)

John A A Schriver

Mailing Address 1415 Portland Ave Ste 305

City

Rochester

State

NY

Zip Code

14621-3038

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rochester Gen Dir Emer Sv-
cs

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	7	/	2	3	/	2	0	9	

Transaction ID: C760130

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

385.00

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 343 / 474

(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 C Schuett

Mailing Address 100 Falcon Hills Drive

City

Highlands Ranch

State

CO

Zip Code

80126-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPPH

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 8 / 0 3 / 2 0 0 9

Transaction ID: C763159

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Charles Charles Seaberg

Mailing Address 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787865

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Wade N N Sears

Mailing Address 7004 Via Locanda Ave

City

Las Vegas

State

NV

Zip Code

89131-0114

FEC ID number of contributing
federal political committee.

C

Name of Employer
Fremont Emergency Services

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789510

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 344 / 474

(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)

Timothy Seay

Mailing Address 211 Highland Cross Ste 275

City

Houston

State

TX

Zip Code

77073-1741

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787831

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

A Duane Selman

Mailing Address PO Box 15100

City

Ft Worth

State

TX

Zip Code

76119-0100

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Hills Hosp

Occupation

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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761747

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Ira L L Sender

Mailing Address 4230 N Highland Ave

City

Arlington Hts

State

IL

Zip Code

60004-1397

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Emerg Med Svc

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761242

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 345 / 474

(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

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802020

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

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810235

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

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839093

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 346 / 474

(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)

Richard D Shih

Mailing Address 38 Revere Dr.

City

Bedminster

State

NJ

Zip Code

07921-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation
Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775349

Amount of Each Receipt this Period

700.00

B.

Full Name (Last, First, Middle Initial)

Joshua H H Short

Mailing Address 720 Cramer Ave

City

Lexington

State

KY

Zip Code

40502-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of KY - Lexington

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 7 / 2 8 / 2 0 0 9

Transaction ID: C761238

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Steven Roy Roy Shroyer

Mailing Address 99 Senero Verde

City

San Antonio

State

TX

Zip Code

78261-2306

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMANON

Occupation
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 7 / 1 7 / 2 0 0 9

Transaction ID: C754969

Amount of Each Receipt this Period

300.00

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 347 / 474

(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 M M Siegel

Mailing Address 10 Hilltop Terr N

City

Red Bank

State

NJ

Zip Code

07701-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David M Siegel

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C778500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

David M M Siegel

Mailing Address 10 Hilltop Terr N

City

Red Bank

State

NJ

Zip Code

07701-2417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David M Siegel

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	3		2	0	9	

Transaction ID: C791386

Amount of Each Receipt this Period

600.00

C.

Full Name (Last, First, Middle Initial)

Harvey Neal Neal Sievers

Mailing Address 6059 S Madison St

City

Burr Ridge

State

IL

Zip Code

60527-5166

FEC ID number of contributing
federal political committee.

C

Name of Employer
Glen Oaks 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
0	7		0	8		2	0	9	

Transaction ID: C747917

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1100.00

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 348 / 474

(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)

Jonathan E E Siff

Mailing Address 2500 MetroHealth Dr RM B63-53

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Health Med Ctr ED

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
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796666

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Adam Adam Silverman

Mailing Address 2 Montrose Ave

City

Catonsville

State

MD

Zip Code

21228-5607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor 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 7 / 2 1 / 2 0 0 9

Transaction ID: C759432

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Diane M M Sixsmith

Mailing Address 5645 Main St
Apt 9C

City

Flushing

State

NY

Zip Code

11355-5045

FEC ID number of contributing
federal political committee.

C

Name of Employer
New York Hosp Med Ctr ED

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 7 / 1 7 / 2 0 0 9

Transaction ID: C754958

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 349 / 474

(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)

Vida R M Skandalakis

Mailing Address 55 Honour Ave

City

Atlanta

State

GA

Zip Code

30305-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Emer Assoc

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 8 / 1 0 / 2 0 0 9

Transaction ID: C765390

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Vida R M Skandalakis

Mailing Address 55 Honour Ave

City

Atlanta

State

GA

Zip Code

30305-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Emer Assoc

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789531

Amount of Each Receipt this Period

150.00

C.

Full Name (Last, First, Middle Initial)

Chester Skiba, Jr

Mailing Address 18 Gentry Dr

City

Long Vly

State

NJ

Zip Code

07853-3604

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Chester Skiba, Jr

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 8 / 0 2 / 2 0 0 9

Transaction ID: C762957

Amount of Each Receipt this Period

100.00

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 350 / 474

(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 Skiendzielewski

Mailing Address 1325 Red Ln

City

Danville

State

PA

Zip Code

17821-8416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger 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
1	0		1	9		2	0	0	9

Transaction ID: C793999

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

John T T Skowronski

Mailing Address 1619 Louisiana St

City

Little Rock

State

AR

Zip Code

72206-1429

FEC ID number of contributing
federal political committee.

C

Name of Employer
AR Doctors Emerg Gp 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
1	0		2	7		2	0	0	9

Transaction ID: C797386

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John M M Skrzypczak

Mailing Address 44 Crosby Rd

City

Ashburnham

State

MA

Zip Code

01430-1322

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bay State Emergency Medic-
al

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	7		2	2		2	0	0	9

Transaction ID: C760005

Amount of Each Receipt this Period

250.00

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 351 / 474

(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)

Mark Slabinski

Mailing Address Emergency Medicine Physicians
4535 Dressler Rd NWCity State Zip Code
Canton OH 44718FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPOccupation
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	9		1	0		2	0	0	9

Transaction ID: C778393

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Jeanne L Slade

Mailing Address 6429 Georgetown Pike

City State Zip Code
McLean VA 22101-2211FEC ID number of contributing
federal political committee.

C

Name of Employer
Ms. Jeanne L SladeOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761793

Amount of Each Receipt this Period

1102.93

C.

Full Name (Last, First, Middle Initial)

Jeanne L Slade

Mailing Address 6429 Georgetown Pike

City State Zip Code
McLean VA 22101-2211FEC ID number of contributing
federal political committee.

C

Name of Employer
Ms. Jeanne L SladeOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	0	9

Transaction ID: C776655

Amount of Each Receipt this Period

-1102.93

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 352 / 474

(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

Hewlett

State

NY

Zip Code

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 ▼

950.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761758

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

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 ▼

950.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773681

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

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 ▼

950.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C785403

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

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 353 / 474

(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)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

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 ▼

950.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	9	

Transaction ID: C810215

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

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 ▼

950.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: C839110

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Erik Sloan

Mailing Address 2719 N Janssen Ave

City

Chicago

State

IL

Zip Code

60614-1132

FEC ID number of contributing
federal political committee.**C**Name of Employer
Central DuPage Hosp

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	8	/	1	0	/	2	0	9	

Transaction ID: C765392

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 354 / 474

(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)

Stephen A A Small

Mailing Address 721 Templeton Ave

City

Charlotte

State

NC

Zip Code

28203-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787030

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Stephen A A Small

Mailing Address 721 Templeton Ave

City

Charlotte

State

NC

Zip Code

28203-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787046

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Stephen A A Small

Mailing Address 721 Templeton Ave

City

Charlotte

State

NC

Zip Code

28203-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787082

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 355 / 474

(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)

Stephen A A Small

Mailing Address 721 Templeton Ave

City

Charlotte

State

NC

Zip Code

28203-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848345

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Stephen A A Small

Mailing Address 721 Templeton Ave

City

Charlotte

State

NC

Zip Code

28203-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848346

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

Stephen A A Small

Mailing Address 721 Templeton Ave

City

Charlotte

State

NC

Zip Code

28203-4554

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848347

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

51.00

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 356 / 474

(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

Wheeling

State

WV

Zip Code

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 ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761736

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

Wheeling

State

WV

Zip Code

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 ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773689

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

Wheeling

State

WV

Zip Code

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 ▼

1200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C785388

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 357 / 474

(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)

Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City

Wheeling

State

WV

Zip Code

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 ▼

1200.00

Date of Receipt

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

Transaction ID: C798604

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

Wheeling

State

WV

Zip Code

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810207

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

Wheeling

State

WV

Zip Code

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 ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839116

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 358 / 474

(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)

Daniel C C Smith

Mailing Address 7347 Maka'a St

City

Honolulu

State

HI

Zip Code

96825-3108

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Emer Grp

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 7 / 0 9 / 2 0 0 9

Transaction ID: C749609

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Alan Alan Smith

Mailing Address 1250 E Almond Ave

City

Madera

State

CA

Zip Code

93637-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madera Cmnty Hosp - ED Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761861

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

David Alan Alan Smith

Mailing Address 1250 E Almond Ave

City

Madera

State

CA

Zip Code

93637-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madera Cmnty Hosp - ED Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807842

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

963.64

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 359 / 474

(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)

Michael D D Smith

Mailing Address 6970 Crystal Crk Dr

City

Brecksville

State

OH

Zip Code

44141-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetroHealth Med Ctr

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802037

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Amy Jill Jill Snover

Mailing Address 100 Rhoads Hill Rd

City

Danville

State

PA

Zip Code

17821-9327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Med Ctr ED

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
1 0 / 0 8 / 2 0 0 9

Transaction ID: C790770

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Peter Erik Erik Sokolove

Mailing Address 3889 Exmoor Cir

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of CA - Davis

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 9 / 2 2 / 2 0 0 9

Transaction ID: C782321

Amount of Each Receipt this Period

750.00

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 360 / 474

(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 C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly 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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761768

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly 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 Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773668

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly 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 Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785402

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

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 361 / 474

(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 C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly 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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787876

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly 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
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820031

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Robert C C Solomon

Mailing Address 108 Saddle Rdg

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer
Steel Vly 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
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839107

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 362 / 474

(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)

Annalise Sorrentino

Mailing Address 1671 Oak Park Ln

City

Helena

State

AL

Zip Code

35080-7749

FEC ID number of contributing
federal political committee.

C

Name of Employer
UAB

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 Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789512

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 0 9

Transaction ID: C766217

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773669

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 363 / 474

(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)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785394

Amount of Each Receipt this Period

83.37

B.

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 0 3 / 2 0 0 9

Transaction ID: C811709

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Theodore Spangler

Mailing Address 2573 Aylesbury St. NW

City

North Canton

State

OH

Zip Code

44720

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians, Inc

Occupation

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 Y
0 8 / 2 7 / 2 0 0 9

Transaction ID: C771172

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)

933.37

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 364 / 474

(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)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

State

Zip Code

Troy

NY

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761767

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

State

Zip Code

Troy

NY

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

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 8 / 2 8 / 2 0 0 9

Transaction ID: C773706

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

State

Zip Code

Troy

NY

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785380

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

150.00

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 365 / 474

(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)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City

Troy

State

NY

Zip Code

12180-7132

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Meml Hosp

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
1 0 / 2 9 / 2 0 0 9

Transaction ID: C798593

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mark J J Spiro

Mailing Address 832 Marisa Ln

City

Encinitas

State

CA

Zip Code

92024-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761823

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Mark J J Spiro

Mailing Address 832 Marisa Ln

City

Encinitas

State

CA

Zip Code

92024-6647

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807852

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

513.64

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 366 / 474

(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)

Barry Dean Dean Spoon

Mailing Address 18565 Hwy AZ

City

Willow Spgs

State

MO

Zip Code

65793-7938

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Johns St Francis Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 3 / 2 0 0 9

Transaction ID: C791385

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Keith D D Stamler

Mailing Address 26811 Westvale Rd

City

Palos Verdes Penin

State

CA

Zip Code

90274-4049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Zerowet Inc

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 Y
1 1 / 2 5 / 2 0 0 9

Transaction ID: C809692

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Arlen R Stauffer

Mailing Address 230 Fairgreen Ave

City

New Smyrna Beach

State

FL

Zip Code

32168-6192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Halifax Med Ctr Port Oran-
ge

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 9 / 1 8 / 2 0 0 9

Transaction ID: C780330

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 367 / 474

(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)

Donald J J Steiner

Mailing Address 1 S 702 Birchbrook Ct

City

Glen Ellyn

State

IL

Zip Code

60137-6880

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan 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
1	2	/	2	8	/	2	0	0	9

Transaction ID: C820210

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Richard L L Stennes

Mailing Address 2533 Calle Del Oro

City

La Jolla

State

CA

Zip Code

92037-2005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Richard L Stennes

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
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802056

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 611 S Wells St
#2403

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES

Occupation

ED Attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C787747

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 368 / 474

(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 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
DES

Occupation
ED Attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C798852

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
DES

Occupation
ED Attending

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C810559

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Joel A A Stettner

Mailing Address 5877 Estates Dr

City State Zip Code
Oakland CA 94611-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emerg Phys

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761852

Amount of Each Receipt this Period

367.64

SUBTOTAL of Receipts This Page (optional)

567.64

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 369 / 474

(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)

Joel A A Stettner

Mailing Address 5877 Estates Dr

City

Oakland

State

CA

Zip Code

94611-3138

FEC ID number of contributing
federal political committee.

C

Name of Employer
CA Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807831

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Lawrence M M Stock

Mailing Address 20540 Pacific Coast Hwy

City

Malibu

State

CA

Zip Code

90265-5402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Antelope Valley 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 7 / 0 9 / 2 0 0 9

Transaction ID: C749600

Amount of Each Receipt this Period

1000.00

C.

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 ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 7 / 2 0 0 9

Transaction ID: C754968

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1179.33

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 370 / 474

(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 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 ▼

583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761713

Amount of Each Receipt this Period

83.33

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 ▼

583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	0	9

Transaction ID: C773707

Amount of Each Receipt this Period

83.33

C.

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 ▼

583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C785387

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 371 / 474

(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 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 ▼

583.31

Date of Receipt

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

Transaction ID: C798595

Amount of Each Receipt this Period

83.33

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 ▼

583.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810208

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Pamela J J Stuart

Mailing Address 1125 Vintage Ct

City

San Martin

State

CA

Zip Code

95046-9480

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Louise Reg Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761862

Amount of Each Receipt this Period

367.64

SUBTOTAL of Receipts This Page (optional)

534.30

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 372 / 474

(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

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

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

Transaction ID: C807832

Amount of Each Receipt this Period

96.00

B.

Full Name (Last, First, Middle Initial)

Christine Sullivan

Mailing Address 12408 Lamar Ave

City

Overland Park

State

KS

Zip Code

66209-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Truman 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 Y
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787848

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Daniel J J Sullivan

Mailing Address 450 S Summit Ave Ste 320

City

Oakbrook Terrace

State

IL

Zip Code

60181-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer
Attn: Christina Sabella

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764044

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2096.00

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 373 / 474

(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)

William P P Sullivan

Mailing Address 342 N LaGrange Rd # 365

City

Frankfort

State

IL

Zip Code

60423-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. William P Sullivan

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787818

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joan Surdukowski

Mailing Address 80 Sand Piper Crescent

City

Milford

State

CT

Zip Code

06460-7969

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Raphaels Hosp

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 9 / 2 2 / 2 0 0 9

Transaction ID: C782309

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Brian Sutton

Mailing Address 47 Stephanie Ln

City

Westfield

State

MA

Zip Code

01085-1484

FEC ID number of contributing
federal political committee.

C

Name of Employer
Westfield Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761714

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 374 / 474

(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 L L Sutton

Mailing Address 2500 Roswell Ave

City

Charlotte

State

NC

Zip Code

28209-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787026

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Richard L L Sutton

Mailing Address 2500 Roswell Ave

City

Charlotte

State

NC

Zip Code

28209-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787045

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Richard L L Sutton

Mailing Address 2500 Roswell Ave

City

Charlotte

State

NC

Zip Code

28209-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787081

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

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 375 / 474

(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)

Richard L L Sutton

Mailing Address 2500 Roswell Ave

City

Charlotte

State

NC

Zip Code

28209-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848331

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Richard L L Sutton

Mailing Address 2500 Roswell Ave

City

Charlotte

State

NC

Zip Code

28209-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848332

Amount of Each Receipt this Period

20.00

C.

Full Name (Last, First, Middle Initial)

Richard L L Sutton

Mailing Address 2500 Roswell Ave

City

Charlotte

State

NC

Zip Code

28209-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mid-Atlantic Emerg Med As-
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848333

Amount of Each Receipt this Period

20.00

SUBTOTAL of Receipts This Page (optional)

60.00

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 376 / 474

(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)

Ted W W Switzer

Mailing Address 14719 Sir Huon St

City

San Antonio

State

TX

Zip Code

78248-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ted W Switzer

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	5		2	0	0	9

Transaction ID: C780412

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Ted W W Switzer

Mailing Address 14719 Sir Huon St

City

San Antonio

State

TX

Zip Code

78248-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ted W Switzer

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	4		2	0	0	9

Transaction ID: C787840

Amount of Each Receipt this Period

1000.00

C.

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 ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	0	9

Transaction ID: C773709

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 377 / 474

(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 David David Taub

Mailing Address 33842 Manta Ct

City

Dana Point

State

CA

Zip Code

92629-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saddleback Memorial Med
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761873

Amount of Each Receipt this Period

367.64

B.

Full Name (Last, First, Middle Initial)

Marc David David Taub

Mailing Address 33842 Manta Ct

City

Dana Point

State

CA

Zip Code

92629-4505

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saddleback Memorial Med
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807844

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Todd Brian Taylor

Mailing Address 2714 Westwood Ave

City

Nashville

State

TN

Zip Code

37212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Microsoft

Occupation

Physician Executive

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 9 / 1 5 / 2 0 0 9

Transaction ID: C778617

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

713.64

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 378 / 474
(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)

Milton R R Teske

Mailing Address 8939 N Chestnut Ave # 402

City

Fresno

State

CA

Zip Code

93720-5366

FEC ID number of contributing
federal political committee.

C

Name of Employer
Selma District Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761860

Amount of Each Receipt this Period

367.64

B.

Full Name (Last, First, Middle Initial)

Joseph Michael Testa

Mailing Address 207 Johns Lane

City

Neshanic Station

State

NJ

Zip Code

08853

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation

ED 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 9 / 0 8 / 2 0 0 9

Transaction ID: C777064

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Edd D D Thomas

Mailing Address PO Box 680923

City

Marietta

State

GA

Zip Code

30068-0016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Edd D Thomas

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C794000

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2367.64

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 379 / 474

(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 G G Thomas

Mailing Address 1310 Alexander Dr

City

Guilford

State

CT

Zip Code

06437-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hosp of Saint Raphael

Occupation

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 Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773680

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ronald G G Thomas

Mailing Address 1310 Alexander Dr

City

Guilford

State

CT

Zip Code

06437-5031

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hosp of Saint Raphael

Occupation

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 Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810239

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher C C Thompson

Mailing Address 2547 Nicolet Dr

City

Green Bay

State

WI

Zip Code

54311-7225

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Christopher C Thompson

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
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792233

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 380 / 474

(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 N N Thompson

Mailing Address 4063 S Four Mile Run Dr # 201

City

Arlington

State

VA

Zip Code

22204-5606

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Hosp Ctr

Occupation

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
1 1 / 1 2 / 2 0 0 9

Transaction ID: C804567

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Trenten D D Thorn

Mailing Address 1449 Lincoln St

City

Salt Lake City

State

UT

Zip Code

84105-2317

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPIC LLC

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 7 / 0 9 / 2 0 0 9

Transaction ID: C749624

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bryce Tiller

Mailing Address 7609 Wexford Club Dr E

City

Jacksonville

State

FL

Zip Code

32256-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meml Hosp Jacksonville

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Transaction ID: C747905

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 381 / 474

(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)

Kevin Matthew Matthew Timmel

Mailing Address 12649 N Schicks Rdg Rd

City

Boise

State

ID

Zip Code

83714-9456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Idaho

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764041

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Wenzel Tirheimer, III

Mailing Address 13404 Golf Crest Way

City

Tampa

State

FL

Zip Code

33618-8621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Wenzel Tirheimer, III

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761834

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Douglas E E Todd

Mailing Address 11403 Normanton Way

City

San Diego

State

CA

Zip Code

92131-2906

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rancho Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 0 5 / 2 0 0 9

Transaction ID: C780416

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 382 / 474

(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)

Prentice A A Tom

Mailing Address 226 Via La Posada

City

Los Gatos

State

CA

Zip Code

95032-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761816

Amount of Each Receipt this Period

367.64

B.

Full Name (Last, First, Middle Initial)

Prentice A A Tom

Mailing Address 226 Via La Posada

City

Los Gatos

State

CA

Zip Code

95032-1641

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807827

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Vicken Y Y Totten

Mailing Address 14500 Southpark Blvd

City

Shaker Hts

State

OH

Zip Code

44120-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Hosp Case Med Ctr

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802077

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

713.64

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

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(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)

Larisa May May Traill

Mailing Address 22844 Renford St

City

Novi

State

MI

Zip Code

48375-4529

FEC ID number of contributing
federal political committee.

C

Name of Employer
Detroit Med-Sinai Grace
Hosp

Occupation

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 Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802087

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Hung V V Tran

Mailing Address 520 Glenmoor Cir

City

Milpitas

State

CA

Zip Code

95035-2950

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Hung V Tran

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
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820019

Amount of Each Receipt this Period

250.00

C.

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

M M / D D / Y Y Y Y Y
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750677

Amount of Each Receipt this Period

500.00

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 384 / 474

(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 N N Trickey

Mailing Address 456 Pinewood Way

City

Cataula

State

GA

Zip Code

31804-4483

FEC ID number of contributing
federal political committee.

C

Name of Employer
Martin Army Cmnty Hosp

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
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798737

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Borys Trochym

Mailing Address 220 Browns Drive

City

Easton

State

PA

Zip Code

18042-9443

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C803346

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Philip F F Troiano, III

Mailing Address 945 N 12th St
Aurora Sinai Hosp ED

City

Milwaukee

State

WI

Zip Code

53233-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Sinai Hosp ED

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 7 / 1 1 / 2 0 0 9

Transaction ID: C750250

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 385 / 474

(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)

Josh Trutt

Mailing Address 100 W 72nd St Apt 2A
Apt 2502City State Zip Code
New York NY 10023-3343FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Josh TruttOccupation
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
1	0	/	3	0	/	2	0	0	9

Transaction ID: C798727

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph Adrian Adrian Tyndall

Mailing Address PO Box 10186
PO Box 10186City State Zip Code
Gainesville FL 32610-0186FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of FL - Dept of EMOccupation
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
1	0	/	0	4	/	2	0	0	9

Transaction ID: C787841

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Matthew Brent Brent Underwood

Mailing Address 9799 Diamond St

City State Zip Code
Yucaipa CA 92399-2943FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Cmnty HospOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

446.00

Date of Receipt

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

Transaction ID: C807898

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

1096.00

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 386 / 474

(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 Uphold

Mailing Address 309 W Beverly Blvd

City

Montebello

State

CA

Zip Code

90640-4308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Physicians Choice

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 1 8 / 2 0 0 9

Transaction ID: C780387

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Bradley J J Uren

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802084

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Philip C C Van Dongen

Mailing Address 75 May Apple Ln

City

Martinsburg

State

WV

Zip Code

25403-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Philip C Van Dongen

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 7 / 2 4 / 2 0 0 9

Transaction ID: C760962

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 387 / 474

(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 E E Van Ryn

Mailing Address 51192 Stratford Dr

City

Elkhart

State

IN

Zip Code

46514-9110

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elkhart Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: C749635

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Yalani Light Light Vanzura

Mailing Address 132 Mary Ellen Dr

City

Charleston

State

SC

Zip Code

29403-3375

FEC ID number of contributing
federal political committee.

C

Name of Employer
MUSC Emerg Svcs

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764034

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Marc-Antony Q Q Velilla

Mailing Address 2808 Addison Cir S

City

Oakland Twp

State

MI

Zip Code

48306-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svc

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
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789471

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 388 / 474

(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-Anthony Q Q Velilla

Mailing Address 2808 Addison Cir S

City

Oakland Twp

State

MI

Zip Code

48306-4922

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svc

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
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810234

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Barbara B B Victor

Mailing Address 26231 Glen Canyon Dr

City

Laguna Hills

State

CA

Zip Code

92653-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden Grove Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761864

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Barbara B B Victor

Mailing Address 26231 Glen Canyon Dr

City

Laguna Hills

State

CA

Zip Code

92653-6327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Garden Grove Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

563.64

Date of Receipt

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

Transaction ID: C807886

Amount of Each Receipt this Period

96.00

SUBTOTAL of Receipts This Page (optional)

963.64

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 389 / 474

(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 A A Volturo

Mailing Address 350 Ball Hill Rd

City

Princeton

State

MA

Zip Code

01541-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MA Med Ctr ED

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 8 / 0 3 / 2 0 0 9

Transaction ID: C763172

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Mary Jo Jo Wagner

Mailing Address 5425 Nottingham N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Synergy Med Educ Alliance

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761712

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mary Jo Jo Wagner

Mailing Address 5425 Nottingham N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
Synergy Med Educ Alliance

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 9 / 2 8 / 2 0 0 9

Transaction ID: C785386

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 390 / 474

(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 Link Link Walker

Mailing Address 345 Broken Hills

City

Mason

State

MI

Zip Code

48854-8603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward W Sparrow Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 9 / 2 0 0 9

Transaction ID: C749643

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Gregory Link Link Walker

Mailing Address 345 Broken Hills

City

Mason

State

MI

Zip Code

48854-8603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edward W Sparrow Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C789497

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Cheng Wang

Mailing Address 503A Manila Ave

City

Jersey City

State

NJ

Zip Code

07302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 1 4 / 2 0 0 9

Transaction ID: C778568

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 391 / 474

(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 D D Wapen

Mailing Address 969G Edgewater Blvd Apt 807

City

State

Zip Code

Foster City

CA

94404-3775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mills Peninsula Emer Med
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C778485

Amount of Each Receipt this Period

100.00

B.

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
Dr. Matthew J Watson

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 8 / 2 8 / 2 0 0 9

Transaction ID: C773673

Amount of Each Receipt this Period

250.00

C.

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
Dr. Matthew J Watson

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
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802024

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 392 / 474

(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 K K Watters

Mailing Address 2809 E Winston St

City

Bloomington

State

IN

Zip Code

47401-4451

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Phys

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 8 / 0 6 / 2 0 0 9

Transaction ID: C764042

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Deborah E E Weber

Mailing Address 1420 Shawnee Trl

City

Riverwoods

State

IL

Zip Code

60015-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Gen Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802091

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas H H Webster

Mailing Address 2624 Unicornio St

City

Carlsbad

State

CA

Zip Code

92009-5333

FEC ID number of contributing
federal political committee.

C

Name of Employer
TriCity Emer Med Grp

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 7 / 1 4 / 2 0 0 9

Transaction ID: C750668

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 393 / 474

(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)

Ellis Weeker

Mailing Address 2105 S Bascom Ave Ste 360

City

Campbell

State

CA

Zip Code

95008-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEP America Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761865

Amount of Each Receipt this Period

367.64

B.

Full Name (Last, First, Middle Initial)

Ellis Weeker

Mailing Address 2105 S Bascom Ave Ste 360

City

Campbell

State

CA

Zip Code

95008-3278

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEP America Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807846

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Arlo F F Weltge

Mailing Address 5213 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Med School Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

Transaction ID: C802092

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

563.64

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 394 / 474

(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)

Arlo F F Weltge

Mailing Address 5213 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Med School Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C804572

Amount of Each Receipt this Period

444.45

B.

Full Name (Last, First, Middle Initial)

Arlo F F Weltge

Mailing Address 5213 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Med School Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C805528

Amount of Each Receipt this Period

-444.45

C.

Full Name (Last, First, Middle Initial)

Howard A A Werman

Mailing Address 2827 W Dublin Granville Rd

City

Columbus

State

OH

Zip Code

43235-2712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Howard A Werman

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 7 / 2 2 / 2 0 0 9

Transaction ID: C760011

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

250.00

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 395 / 474

(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)

Edward M M West, Jr

Mailing Address 3976 Millbrook Dr

City

Santa Rosa

State

CA

Zip Code

95404-7613

FEC ID number of contributing
federal political committee.

C

Name of Employer
Santa Rosa Meml 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 Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839087

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mark Dennis Dennis Westfall

Mailing Address 2413 Woodland Ter

City

Neenah

State

WI

Zip Code

54956-4824

FEC ID number of contributing
federal political committee.

C

Name of Employer
Theda Clark Med Ctr

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 7 / 3 0 / 2 0 0 9

Transaction ID: C761784

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brenden M M Wetherton

Mailing Address 3910 Clarke Pointe Ct

City

Crestwood

State

KY

Zip Code

40014-7789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Kentucky Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 0 / 2 0 0 9

Transaction ID: C758853

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 396 / 474

(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)

Brenden M M Wetherton

Mailing Address 3910 Clarke Pointe Ct

City

Crestwood

State

KY

Zip Code

40014-7789

FEC ID number of contributing
federal political committee.

C

Name of Employer
Central Kentucky Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 28 / 2009

Transaction ID: C761293

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address 2121 K St NW Ste 325
ACEP

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mr. Gordon Wheeler

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 30 / 2009

Transaction ID: C761777

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Christopher R White

Mailing Address PO Box 298

City

Aurora

State

OH

Zip Code

44202

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emer. Physic-
ians

Occupation

EM 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
08 / 25 / 2009

Transaction ID: C770605

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 397 / 474

(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 A A White

Mailing Address 510 Powell Dr

City

Annapolis

State

MD

Zip Code

21401-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	8	/	2	0	9	

Transaction ID: C773562

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William A A White

Mailing Address 510 Powell Dr

City

Annapolis

State

MD

Zip Code

21401-6527

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	9	

Transaction ID: C812403

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Dennis C C Whitehead

Mailing Address 1721 S Stephenson

City

Iron Mountain

State

MI

Zip Code

49801-3637

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dickinson County Memorial
Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	9	

Transaction ID: C749626

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 398 / 474

(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)

Michael E E Whiting

Mailing Address 1224 Camino De Cruz Blanca

City

Santa Fe

State

NM

Zip Code

87505-0380

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern New Mexico Emerg-
ency

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
1	0	/	1	5	/	2	0	0	9

Transaction ID: C792261

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

adrian whorton

Mailing Address 4533 w laurel dr ne

City

seattle

State

WA

Zip Code

98105

FEC ID number of contributing
federal political committee.

C

Name of Employer
Evergreen Emergency Servi-
ces

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
0	8	/	1	9	/	2	0	0	9

Transaction ID: C768893

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Iris Wiegenstein

Mailing Address 466 Eden Bay Dr

City

Naples

State

FL

Zip Code

34110-7037

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ms. Iris Wiegenstein

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	8	/	2	8	/	2	0	0	9

Transaction ID: C773726

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 399 / 474

(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 E E Wilcox

Mailing Address 8 Aspen Dr

City

S Glastonbury

State

CT

Zip Code

06073-2938

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David E Wilcox

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
1	2	/	2	3	/	2	0	9	

Transaction ID: C820043

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

James M M Williams

Mailing Address 302 Rosemary Ave

City

San Antonio

State

TX

Zip Code

78209-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Spec & Transpl
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	9	/	2	6	/	2	0	9	

Transaction ID: C783055

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

James M M Williams

Mailing Address 302 Rosemary Ave

City

San Antonio

State

TX

Zip Code

78209-3845

FEC ID number of contributing
federal political committee.

C

Name of Employer
Methodist Spec & Transpl
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
1	0	/	0	3	/	2	0	9	

Transaction ID: C802043

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 400 / 474

(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)

Sarah Roberts Roberts Williams

Mailing Address 1228 Laurel Hill Dr

City

San Mateo

State

CA

Zip Code

94402-3810

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stanford Univ Hosp, ED

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	8		0	6		2	0	0	9

Transaction ID: C764033

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Steven R R Wilner

Mailing Address PO Box 5087

City

Frisco

State

CO

Zip Code

80443-5087

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vail Valley Emerg Phys

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	7		2	3		2	0	0	9

Transaction ID: C760134

Amount of Each Receipt this Period

250.00

C.

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

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Transaction ID: C761347

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 401 / 474

(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 Wirtz

Mailing Address 1 Highgate NE

City

Ithaca

State

NY

Zip Code

14850

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	0	9

Transaction ID: C746963

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Daniel Woodard

Mailing Address Mail Code BIO-1

City

Kennedy Sp Ctr

State

FL

Zip Code

32899-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bionetics Corp

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	7		1	4		2	0	0	9

Transaction ID: C750696

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael A A Woods

Mailing Address 1707 Hagen Ave

City

Chesterton

State

IN

Zip Code

46304-8940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Michael A Woods

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
1	0		1	5		2	0	0	9

Transaction ID: C792248

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 402 / 474

(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)

Jody Wozniak

Mailing Address 199 Forestwood Dr

City

Northfield

State

OH

Zip Code

44067

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark County Emergency Ph-
ysicians

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 8 / 2 8 / 2 0 0 9

Transaction ID: C773351

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gary David David Wright

Mailing Address 4299 W Morning Mist Dr

City

Fayetteville

State

AR

Zip Code

72704-6375

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Regl Med Ctr

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787828

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas E E Wyatt

Mailing Address 3925 Drew Ave S

City

Minneapolis

State

MN

Zip Code

55410-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
EPPA

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 Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802044

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 403 / 474

(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)

Howard M M Yang

Mailing Address 7031 Casa Encantada St
Apt 2054

City State Zip Code
Las Vegas NV 89118-0564

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Rose Dominican Hosps

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839089

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

Barbara Jean Jean Yates

Mailing Address 1216 E 527th Rd

City State Zip Code
Morrisville MO 65710-8104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cedar Cnty Meml 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
0 7 / 1 4 / 2 0 0 9

Transaction ID: C750683

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary Newman Newman Yee

Mailing Address 15611 Oyster Cove Dr

City State Zip Code
Sugar Land TX 77478-3364

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHEP

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 9 / 1 0 / 2 0 0 9

Transaction ID: C778462

Amount of Each Receipt this Period

100.00

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 404 / 474

(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)

Frederick Todd Todd Yonteck

Mailing Address 27518 Pine Point Dr

City

Wesley Chapel

State

FL

Zip Code

33544-8756

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Cmnty 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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761807

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Matthew Stephen Stephen Young

Mailing Address 8905 Sundance Rdg

City

Texarkana

State

TX

Zip Code

75503-9583

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Matthew Stephen Young

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

367.64

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 0 3 / 2 0 0 9

Transaction ID: C776656

Amount of Each Receipt this Period

367.64

C.

Full Name (Last, First, Middle Initial)

Brian S S Zachariah

Mailing Address 301 University Blvd

City

Galveston

State

TX

Zip Code

77555-5302

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Surgery ED

Occupation

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 Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761750

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1617.64

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 405 / 474

(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 J J Zappa

Mailing Address 2290 Seven Oaks Ln

City

West Palm Beach

State

FL

Zip Code

33410-2006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Enterprise

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
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787851

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761778

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773688

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

1166.66

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 406 / 474

(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)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 8 / 2 0 0 9

Transaction ID: C785390

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

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 ▼

749.97

Date of Receipt

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

Transaction ID: C798591

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810214

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 407 / 474

(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

Coppell

State

TX

Zip Code

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 ▼

749.97

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

Transaction ID: C839127

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emerg Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787011

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emerg Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

Transaction ID: C787014

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

133.33

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 408 / 474

(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 Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emerg Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	0	9

Transaction ID: C787069

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emerg Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C848543

Amount of Each Receipt this Period

17.00

C.

Full Name (Last, First, Middle Initial)

W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emerg Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C848544

Amount of Each Receipt this Period

17.00

SUBTOTAL of Receipts This Page (optional)

59.00

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 409 / 474

(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 Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City

Charlotte

State

NC

Zip Code

28226-5560

FEC ID number of contributing
federal political committee.

C

Name of Employer
MidAtlantic Emerg Med Ass-
oc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

276.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: C848545

Amount of Each Receipt this Period

17.00

B.

Full Name (Last, First, Middle Initial)

Wesley Zeger

Mailing Address 290 Skyline Dr

City

Elkhorn

State

NE

Zip Code

68022-1788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of NE Med Ctr

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	7	/	2	3	/	2	0	9	

Transaction ID: C760125

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Neil H H Zelin

Mailing Address 3365 McGraw Ln

City

Lafayette

State

CA

Zip Code

94549-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alta Bates Medical Center
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	0	9	/	2	0	9	

Transaction ID: C778382

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

367.00

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 410 / 474

(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)

Carsten Zieger

Mailing Address 2030 Via Zacata Pl

City

Arroyo Grande

State

CA

Zip Code

93420-9631

FEC ID number of contributing
federal political committee.

C

Name of Employer
French Hosp Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761832

Amount of Each Receipt this Period

367.64

B.

Full Name (Last, First, Middle Initial)

Carsten Zieger

Mailing Address 2030 Via Zacata Pl

City

Arroyo Grande

State

CA

Zip Code

93420-9631

FEC ID number of contributing
federal political committee.

C

Name of Employer
French Hosp Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

463.64

Date of Receipt

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

Transaction ID: C807922

Amount of Each Receipt this Period

96.00

C.

Full Name (Last, First, Middle Initial)

Andrew R R Zinkel

Mailing Address 5215 Beard Ave S
Apt 2

City

Minneapolis

State

MN

Zip Code

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 ▼

349.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	7		2	0	0	9

Transaction ID: C790114

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

546.97

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 411 / 474

(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 2City State Zip Code
Minneapolis MN 55410-2117FEC ID number of contributing
federal political committee.**C**Name of Employer
Health PartnersOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	3	/	2	0	9	

Transaction ID: C820029

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Andrew R R Zinkel

Mailing Address 5215 Beard Ave S
Apt 2City State Zip Code
Minneapolis MN 55410-2117FEC ID number of contributing
federal political committee.**C**Name of Employer
Health PartnersOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	9	

Transaction ID: C839113

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Bradley Alan Alan Zlotnick

Mailing Address 3525 Del Mar Hts Rd # 139

City State Zip Code
San Diego CA 92130-2122FEC ID number of contributing
federal political committee.**C**Name of Employer
Dr. Bradley Alan ZlotnickOccupation
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
1	0	/	0	4	/	2	0	9	

Transaction ID: C787824

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)

339081.35

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 412 / 474

(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
<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)

Benjamin Bernstein

Mailing Address 4 South St

City

Great Neck

State

NY

Zip Code

11023-1219

FEC ID number of contributing
federal political committee.**C**Name of Employer
Emergency Medical Associa-
tes

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	9	/	0	3	/	2	0	0	9

Transaction ID: C794129

Amount of Each Receipt this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 700 12th Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20005

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

C00372102

Name of Employer

Occupation

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	0	9

Transaction ID: C766241

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

Zach Kassutto

Mailing Address 8109 Cadwalader Ave.

City

Elkins Park

State

PA

Zip Code

19027

FEC ID number of contributing
federal political committee.**C**Name of Employer
EMA NJ

Occupation

PEM Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	8	/	2	0	0	9

Transaction ID: C794118

Amount of Each Receipt this Period

-50.00

SUBTOTAL of Receipts This Page (optional)

950.00

TOTAL This Period (last page this line number only)

950.00

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

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

FOR LINE NUMBER: PAGE 413 / 474

(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)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

678.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 3 1 / 2 0 0 9

Transaction ID: C851988

Amount of Each Receipt this Period

24.31

B.

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

678.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 8 / 3 1 / 2 0 0 9

Transaction ID: C851989

Amount of Each Receipt this Period

3.96

C.

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

678.72

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 3 0 / 2 0 0 9

Transaction ID: C851990

Amount of Each Receipt this Period

4.80

SUBTOTAL of Receipts This Page (optional)

33.07

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 414 / 474

(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)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

678.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 3 1 / 2 0 0 9

Transaction ID: C851992

Amount of Each Receipt this Period

5.12

B.

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

678.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C851993

Amount of Each Receipt this Period

4.77

C.

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

678.72

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 3 1 / 2 0 0 9

Transaction ID: C851995

Amount of Each Receipt this Period

4.68

SUBTOTAL of Receipts This Page (optional)

14.57

TOTAL This Period (last page this line number only)

47.64

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 415 / 474

<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)
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Allyson Y. Schwartz011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D88995

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City State Zip Code
Jenkintown PA 19046Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Allyson Y. Schwartz011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D90352

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
AMERICA'S LEADERSHIP PAC

Mailing Address 426 C St NE

City State Zip Code
Washington DC 20002-5839Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
AMERICA'S LEADERSHIP PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D87585

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Amount of Each Disbursement this Period

5000.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 416 / 474

<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)

AMERIPAC

Mailing Address 499 South Capitol, SW
Suite 414

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
AMERIPAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D90161

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Ben Cardin For Senate

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Ben Cardin011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District:

Transaction ID: D90770

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Ben Graber For Congress

Mailing Address 2929 UNIVERSITY DRIVE SUITE 200

City CORAL SPRINGS State FL Zip Code 33065

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Mr. Benjamin Graber011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 19

Special

Transaction ID: D90016

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

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 PageFOR LINE NUMBER:
(check only one)

PAGE 417 / 474

<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)

Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Betty Sutton011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: D88206

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Betty Sutton For Congress

Mailing Address 1700 W. Market St. #155

City Akron State OH Zip Code 44313

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Betty Sutton011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 13

Transaction ID: D88987

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bill Owens for Congress

Mailing Address PO Box 1575

City Plattsburgh State NY Zip Code 12901-0286

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Bill Owens for Congress011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Special

Transaction ID: D89583

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 418 / 474

<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)

Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City
San AntonioState
TXZip Code
78212Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Rep. Charles A. GonzalezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: D87589

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City
LafayetteState
LAZip Code
70598Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Mr. Charles BoustanyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D87852

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City
LafayetteState
LAZip Code
70598Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Mr. Charles BoustanyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D90166

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Christopher S. Murphy

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 05

Transaction ID: D90171

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City
Los Angeles

State
CA

Zip Code
90048

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Henry A. Waxman

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID: D89348

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address PO BOX 71147

City
WASHINGTON

State
DC

Zip Code
20024

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Debbie Wasserman Schultz

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: D89344

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

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 PageFOR 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)

DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address PO BOX 71147

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
VOID CK 7109 10/14/09Candidate Name
Rep. Debbie Wasserman SchultzCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: D89621

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	9

Amount of Each Disbursement this Period

-1500.00

B.

Full Name (Last, First, Middle Initial)

DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address PO BOX 71147

City
WASHINGTONState
DCZip Code
20024Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Debbie Wasserman Schultz011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: D89622

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Dennis Ross for Congress

Mailing Address P.O. Box 7310

City
LakelandState
FLZip Code
33807Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Dennis Ross for Congress011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Special

Transaction ID: D90775

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

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 PageFOR 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)

Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code
Denver CO 80206Purpose of Disbursement
Void CK#6889 3/18/09Candidate Name
Rep. Diana DeGette011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CO District: 01

Transaction ID: D89032

Date of Disbursement

M M / D D / Y Y Y Y
09 24 2009

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

DOC PAC

Mailing Address 337 S. Milledge Avenue Ste. 101

City State Zip Code
Athens GA 30605Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
DOC PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D89345

Date of Disbursement

M M / D D / Y Y Y Y
10 14 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

EDPAC

Mailing Address 499 S. Capitol Street, SW

City State Zip Code
Washington DC 20003Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
EDPAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D89591

Date of Disbursement

M M / D D / Y Y Y Y
10 28 2009

Amount of Each Disbursement this Period

5000.00

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 PageFOR 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)

ERIC PAC

Mailing Address 209 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1107Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
ERIC PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D87582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Fleming for Congress

Mailing Address PO Box 1236

City
MindenState
LAZip Code
71058-1236Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Fleming for Congress011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D87853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

FREEDOM PROJECT; THE

Mailing Address 631B Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-4303Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
FREEDOM PROJECT; THE011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D89581

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

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)

Friends Of Bennie Thompson

Mailing Address P.O. Box 100

City
Bolton

State
MS

Zip Code
39041

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Bennie G. Thompson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: D89787

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Bennie Thompson

Mailing Address P.O. Box 100

City
Bolton

State
MS

Zip Code
39041

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Bennie G. Thompson

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MS District: 02

Transaction ID: D88531

Date of Disbursement

08 / 21 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City
Rockledge

State
FL

Zip Code
32955

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Mr. Bill Posey

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D88204

Date of Disbursement

07 / 29 / 2009

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 PageFOR 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)

Friends Of Bill Posey

Mailing Address 1824 South Fiske Boulevard

City State Zip Code
Rockledge FL 32955Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Mr. Bill Posey011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 15

Transaction ID: D90167

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City State Zip Code
Little Rock AR 72203Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Sen. Blanche Lambert LincolnCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: D89587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

Friends Of Blanche Lincoln

Mailing Address PO Box 3197

City State Zip Code
Little Rock AR 72203Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Sen. Blanche Lambert Lincoln011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: AR District: 00

Transaction ID: D88985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

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 PageFOR 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)

Cardoza For Congress

Mailing Address PO Box 2749

City
MercedState
CAZip Code
95340Purpose of Disbursement
VOID CK 6948 from 5/20/09Candidate Name
Mr. Dennis Cardoza011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: D88464

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	4		2	0	0	9

Amount of Each Disbursement this Period

-1000.00

B.

Full Name (Last, First, Middle Initial)

Cardoza For Congress

Mailing Address PO Box 2749

City
MercedState
CAZip Code
95340Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Mr. Dennis Cardoza011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 18

Transaction ID: D89342

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Friends of Joe Heck

Mailing Address P.O. Box 750114

City
Las VegasState
NVZip Code
89136Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Friends of Joe Heck011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D90015

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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 PageFOR 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)

Georgians For Isakson

Mailing Address P.O. Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Johnny Isakson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D90774

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gillibrand for Senate

Mailing Address 3422 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Gillibrand for SenateCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D90170

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	8	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Gillibrand for Senate

Mailing Address 3422 Porter Street, NW

City Washington State DC Zip Code 20016

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Gillibrand for SenateCategory/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D89008

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

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)

Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Contributions to Federal candidates

011

Category/
Type

Candidate Name
Mr. Steven Guthrie

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: D88208

Date of Disbursement

07 / 29 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address PO Box 9639

City
Bowling Green

State
KY

Zip Code
42102

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Mr. Steven Guthrie

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 02

Transaction ID: D89047

Date of Disbursement

09 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Harry Teague for Congress

Mailing Address PO BOX 5153
PO BOX 5153

City
HOBBS

State
NM

Zip Code
88241

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Harry Teague for Congress

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D88989

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<p>A.</p> <p>Full Name (Last, First, Middle Initial) IMPACT</p> <p>Mailing Address 426 C Street, NE c/o Manjiri Mannino</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name IMPACT</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Annual contribution</p>	<p>Transaction ID: D89586 Date of Disbursement <div>10 / 28 / 2009</div></p> <p>Amount of Each Disbursement this Period <div>2500.00</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon</p> <p>Mailing Address P.O. Box 29136</p> <p>City Portland State OR Zip Code 97296</p> <p>Purpose of Disbursement Void CK#6810 11/12/08</p> <p>Candidate Name Jeff Merkley for Oregon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ State: District: Void CK#6810 11/12/0</p>	<p>Transaction ID: D89033 Date of Disbursement <div>09 / 24 / 2009</div></p> <p>Amount of Each Disbursement this Period <div>-2000.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon</p> <p>Mailing Address P.O. Box 29136</p> <p>City Portland State OR Zip Code 97296</p> <p>Purpose of Disbursement Contributions to Federal candidates</p> <p>Candidate Name Jeff Merkley for Oregon</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:</p>	<p>Transaction ID: D89035 Date of Disbursement <div>09 / 25 / 2009</div></p> <p>Amount of Each Disbursement this Period <div>2000.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

2500.00

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:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. 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 to Federal Candidates

Candidate Name
Rep. John D. Dingell

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 15

Transaction ID: D87587

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

0.00

B. Full Name (Last, First, Middle Initial)
LANCE FOR CONGRESS

Mailing Address 370 Tall Tree Ct

City Jackson State NJ Zip Code 08527-3158

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Leonard Lance

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D89595

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

1500.00

C. Full Name (Last, First, Middle Initial)
Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City Highland Hts. State OH Zip Code 44143

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Steven C. LaTourette

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: D89042

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

Longleaf Pine PAC

Mailing Address PO BOX 29103

City
GREENSBOROState
NCZip Code
27429Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
Longleaf Pine PAC

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D87843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	0	9

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Making Business Excel PAC

Mailing Address PO Box 3241

City
CheyenneState
WYZip Code
82003Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
Sen. Michael Enzi

Category/
Type
Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District: 00

Transaction ID: D87577

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City
ALBUQUERQUEState
NMZip Code
87106Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Martin Heinrich for Congress

Category/
Type
Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D88200

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

McCotter Congressional Committee

Mailing Address P.O. Box 530788

City
LivoniaState
MIZip Code
48153Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Rep. Thaddeus G. McCotterOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 11

Transaction ID: D88199

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

McGoff For Congress

Mailing Address PO Box 44003

City
IndianapolisState
INZip Code
46244Purpose of Disbursement
Contribution to Federal candidate

011

Category/
TypeCandidate Name
Mr. John McGoffOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Transaction ID: D89036

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

McGoff For Congress

Mailing Address PO Box 44003

City
IndianapolisState
INZip Code
46244Purpose of Disbursement
Void CK# 6972 6/3/09

011

Category/
TypeCandidate Name
Mr. John McGoffOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 05

Transaction ID: D89034

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	0	9

Amount of Each Disbursement this Period

-5000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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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)

Michael Burgess For Congress

Mailing Address PO Box 2334

City
DentonState
TXZip Code
76202Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Michael C. Burgess, M.D.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 26

Transaction ID: D89046

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mission PAC

Mailing Address 38 Ivy Street, SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
Mission PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D90351

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

New Jersey Democratic State Committee, The

Mailing Address 495 Broadway
c/o Frank PalloneCity
Long BranchState
NJZip Code
07740-5901Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
New Jersey Democratic State Committee, TheOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

Federal Account

Transaction ID: D88533

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	0	9

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 PageFOR 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)

OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)

Mailing Address 33 ELMCROFT AVENUE

City
PROVIDENCEState
RIZip Code
02908-2726Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D90780

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City
FremontState
CAZip Code
94537Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Fortney Peter Stark011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D87575

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PROSPERITY PAC

Mailing Address 1006 Pendleton Street

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
PROSPERITY PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D88999

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)

9500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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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)

SCHIFF FOR CONGRESS

Mailing Address 15 S Raymond Ave
Ste 204

City Pasadena State CA Zip Code 91105-1980

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Adam B. Schiff011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Transaction ID: D88984

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SCHIFF FOR CONGRESS

Mailing Address 15 S Raymond Ave
Ste 204

City Pasadena State CA Zip Code 91105-1980

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Adam B. Schiff011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 29

Transaction ID: D89781

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

COMMITTEE TO ELECT ALAN GRAYSON

Mailing Address 8419 OAK PARK ROAD

City ORLANDO State FL Zip Code 32819

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Alan Grayson011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: D88598

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CONGRESSMAN BART GORDON COMMITTEE

Mailing Address P.O. Box 2008

City State Zip Code
 Murfreesboro TN 37133

Purpose of Disbursement
 Contributions for Federal Candidates

Candidate Name
 Rep. Bart Gordon

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D88993

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

PASCRELL FOR CONGRESS INC.

Mailing Address POB 640

City State Zip Code
 Totowa NJ 07511

Purpose of Disbursement
 Contributions to Federal Candidates

Candidate Name
 Rep. Bill Pascrell, Jr.

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: D87570

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City State Zip Code
 Hollidaysburg PA 16648

Purpose of Disbursement
 Contributions for Federal Candidates

Candidate Name
 Rep. Bill Franklin Shuster

011
 Category/
 Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: D88996

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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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)

CITIZENS FOR RUSH

Mailing Address 499 S Capitol St SW
Ste 422

City Washington State DC Zip Code 20003-4028

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Bobby L. Rush

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 01

Transaction ID: D89340

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

ELLSWORTH FOR CONGRESS COMMITTEE

Mailing Address P.O. Box 62

City Evansville State IN Zip Code 47701

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Brad Ellsworth

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 08

Transaction ID: D88992

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Carolyn McCarthy

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 04

Transaction ID: D89343

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

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 PageFOR LINE NUMBER:
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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) FATTAH FOR CONGRESS			Transaction ID: D90778																					
	Mailing Address 3900 Ford Road Suite 12-O			Date of Disbursement																					
	City Philadelphia State PA Zip Code 19131			<table border="1"> <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>1</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	6		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	2		1	6		2	0	0	9															
Purpose of Disbursement Contributions for Federal Candidates			<table border="1"> <tr> <td>011</td> </tr> </table>		011																				
011																									
Candidate Name Rep. Chaka Fattah			Category/ Type																						
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: PA District: 02																									
B.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS			Transaction ID: D90353																					
	Mailing Address PO Box 442			Date of Disbursement																					
	City Allentown State PA Zip Code 18105			<table border="1"> <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>1</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	2		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	1	2		0	2		2	0	0	9															
Purpose of Disbursement Contributions for Federal Candidates			<table border="1"> <tr> <td>011</td> </tr> </table>		011																				
011																									
Candidate Name Rep. Charles W. Dent			Category/ Type																						
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: PA District: 15																									
C.	Full Name (Last, First, Middle Initial) CHARLIE DENT FOR CONGRESS			Transaction ID: D89009																					
	Mailing Address PO Box 442			Date of Disbursement																					
	City Allentown State PA Zip Code 18105			<table border="1"> <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>9</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	3		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	9		2	3		2	0	0	9															
Purpose of Disbursement Contributions for Federal Candidates			<table border="1"> <tr> <td>011</td> </tr> </table>		011																				
011																									
Candidate Name Rep. Charles W. Dent			Category/ Type																						
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: PA District: 15																									

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City
Allentown

State
PA

Zip Code
18105

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Charles W. Dent

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: D87574

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul Street

City
Kensington

State
MD

Zip Code
20895

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Chris Van Hollen, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 08

Transaction ID: D87581

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DAVE CAMP FOR CONGRESS 2010

Mailing Address 2501 Wisconsin Ave., NW
 Number 304

City
Washington

State
DC

Zip Code
20007

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Dave Lee Camp

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D87584

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 439 / 474

<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. DAVE CAMP FOR CONGRESS 2010

Full Name (Last, First, Middle Initial)

Mailing Address 2501 Wisconsin Ave., NW
Number 304

City Washington State DC Zip Code 20007

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Dave Lee Camp011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D88983

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

3000.00

B. DAVE WU FOR US CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 818 SW Third Ave. #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. David Wu011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OR District: 01

Transaction ID: D88990

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C. HELLER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 750580

City Las Vegas State NV Zip Code 89136-0580

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Dean Heller011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D89341

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) ▶

5500.00

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

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO Box 750580

City
Las Vegas

State
NV

Zip Code
89136-0580

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Dean Heller

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D90345

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO Box 750580

City
Las Vegas

State
NV

Zip Code
89136-0580

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Dean Heller

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D90163

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

DEVIN NUNES CAMPAIGN COMMITTEE

Mailing Address PO BOX 6545

City
VISALIA

State
CA

Zip Code
93290

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Devin Nunes

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 21

Transaction ID: D89785

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

1000.00

1000.00

1000.00

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 442 / 474

<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)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code
Fargo ND 58106Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Earl Pomeroy011
Category/
Type

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: ND	District: 00		

Transaction ID: D89338

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code
Fargo ND 58106Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Earl Pomeroy011
Category/
Type

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: ND	District: 00		

Transaction ID: D88994

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Eliot L. Engel011
Category/
Type

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: NY	District: 17		

Transaction ID: D88201

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	9		2	0	0	9

Amount of Each Disbursement this Period

2500.00

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)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City
St. Joseph

State
MI

Zip Code
49085

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: D89044

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City
HOUSTON

State
TX

Zip Code
77222

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: D89347

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City
HOUSTON

State
TX

Zip Code
77222

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. Gene Green

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 29

Transaction ID: D87567

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

2500.00

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)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
VOID CK 6964 from 5/20/09

Candidate Name
Rep. Geoff Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D88462

Date of Disbursement

08 / 14 / 2009

Amount of Each Disbursement this Period

-1500.00

B.

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway

City Erlanger State KY Zip Code 41018

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Geoff Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D90892

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

GERRY CONNOLLY FOR CONGRESS

Mailing Address 729 15th St NW
Ste 300

City Washington State DC Zip Code 20005-2105

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Gerry E. Connolly

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: D89780

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

1000.00

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 PageFOR 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)
FRIENDS OF GINNY BROWN-WAITE**

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Ginny Brown-Waite011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: D90164

Date of Disbursement

M M / D D / Y Y Y Y
1 1 / 1 8 / 2 0 0 9

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)
FRIENDS OF GINNY BROWN-WAITE**

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Ginny Brown-Waite011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 05

Transaction ID: D87586

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN NYE**Mailing Address 499 S Capitol St SW
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Glenn C. Nye011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D87850

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

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)

FRIENDS OF GLENN NYE

Mailing Address 499 S Capitol St SW
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Glenn C. Nye

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 02

Transaction ID: D88980

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

HEATH SHULER FOR CONGRESS

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Heath Shuler

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D88433

Date of Disbursement

08 / 12 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City Laredo State TX Zip Code 78042

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Henry Cuellar

011
Category/
Type

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 28

Transaction ID: D89003

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

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 PageFOR 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)

JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City
BURLINGAMEState
CAZip Code
94011Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Jackie Speier011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: D89004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City
BURLINGAMEState
CAZip Code
94011Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Jackie Speier011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: D89339

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City
FreedomState
PAZip Code
15042Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Jason Altmire011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 04

Transaction ID: D89045

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 448 / 474

<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.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: D90891

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

B. 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.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 02

Transaction ID: D90350

Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

C. Full Name (Last, First, Middle Initial)
JIM HIMES FOR CONGRESS

Mailing Address 50 E St SE
Ste 1

City Washington State DC Zip Code 20003-2620

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Jim Himes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D90890

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 449 / 474

<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)

JIM HIMES FOR CONGRESS

Mailing Address 50 E St SE
Ste 1

City Washington State DC Zip Code 20003-2620

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Jim Himes

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 04

Transaction ID: D90162

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

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 to Federal Candidates

Candidate Name
Rep. Jim D. Matheson

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: D89043

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

CULBERSON FOR CONGRESS

Mailing Address P.O. Box 41964

City Houston State TX Zip Code 77241

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. John A. Culberson

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 07

Transaction ID: D87578

Date of Disbursement

07 / 08 / 2009

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 PageFOR LINE NUMBER:
(check only one)

PAGE 450 / 474

<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) LARSON FOR CONGRESS	Transaction ID: D87571 Date of Disbursement																				
Mailing Address c/o Brigitte Workman 430 South Capitol Street, SE	<table border="1"> <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>7</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		0	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		0	8		2	0	0	9												
City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. John B. Larson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) JOHN HALL FOR CONGRESS	Transaction ID: D89776 Date of Disbursement																				
Mailing Address 499 S Capitol St SW Ste 404	<table border="1"> <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>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	0	9												
City Washington State DC Zip Code 20003-4004	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. John J. Hall	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) JUDY CHU FOR CONGRESS	Transaction ID: D90172 Date of Disbursement																				
Mailing Address 1531 Purdue Ave	<table border="1"> <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>1</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	8		2	0	0	9												
City Los Angeles State CA Zip Code 90025-3104	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions to Federal Candidates	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Judy Chu	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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 PageFOR LINE NUMBER:
(check only one)

PAGE 451 / 474

<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)

CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Kathy Castor011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: D87588

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 0 8 / 2 0 0 9

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Kevin McCarthy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D90889

Date of Disbursement

M M / D D / Y Y Y Y
1 2 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

Mailing Address PO Box 23940

City Santa Barbara State CA Zip Code 93121

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Lois Capps011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D88997

Date of Disbursement

M M / D D / Y Y Y Y
0 9 / 2 3 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

MM / DD / YYYY

1000.00

MM / DD / YYYY

2500.00

MM / DD / YYYY

1500.00

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

SCHAUER FOR CONGRESS

Mailing Address PO Box 100

City
Battle CreekState
MIZip Code
49016Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Mark H. Schauer011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 07

Transaction ID: D90347

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

B.

Full Name (Last, First, Middle Initial)

KIRK FOR Senate

Mailing Address PO Box 8

City
WinnetkaState
ILZip Code
60093-0008Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Mark S. Kirk011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: D88599

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

C.

Full Name (Last, First, Middle Initial)

KIRK FOR Senate

Mailing Address PO Box 8

City
WinnetkaState
ILZip Code
60093-0008Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Mark S. Kirk011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 10

Transaction ID: D88981

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

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 PageFOR LINE NUMBER:
(check only one)

PAGE 454 / 474

<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)

SOUDER FOR CONGRESS INC.

Mailing Address P.O. BOX 40233

City
FORT WAYNEState
INZip Code
46804Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Mark E. Souder011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: D90776

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City
FranklinState
TNZip Code
37068Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Marsha Blackburn011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D88982

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City
FranklinState
TNZip Code
37068Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Marsha Blackburn011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D88845

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 456 / 474

<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)

CAPUANO FOR SENATE COMMITTEE

Mailing Address 222 3rd St
Ste 234

City Cambridge State MA Zip Code 02142-1102

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Michael E. Capuano011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☐ General
☒ Other (specify) ▼
Special

State: MA District: 08

Transaction ID: D89819

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contribution for Federal CandidatesCandidate Name
Rep. Michael N. Castle011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: D89598

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City Wilmington State DE Zip Code 19899

Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Michael N. Castle011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: D87851

Date of Disbursement

M M / D D / Y Y Y Y
0 7 / 1 5 / 2 0 0 9

Amount of Each Disbursement this Period

1000.00

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 PageFOR 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)

CASTLE CAMPAIGN FUND

Mailing Address PO Box 133

City
WilmingtonState
DEZip Code
19899Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Michael N. Castle011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: DE District: 00

Transaction ID: D90771

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City
LewistonState
MEZip Code
04240Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Michael H. Michaud011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: D88532

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

MICHAUD FOR CONGRESS

Mailing Address 213 Lisbon St

City
LewistonState
MEZip Code
04240Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Michael H. Michaud011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 02

Transaction ID: D89580

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	8	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

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 PageFOR 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)

MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City
PrescottState
ARZip Code
71857Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Rep. Mike A. RossOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: AR District: 04

Transaction ID: D87580

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	8	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Mailing Address 217 3rd St SE

City
WashingtonState
DCZip Code
20003-1904Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
TypeCandidate Name
Rep. Patrick J. TiberiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D89346

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	4	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PATRICK MURPHY FOR CONGRESS

Mailing Address P.O. Box 868

City
LevittownState
PAZip Code
19058Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
TypeCandidate Name
Rep. Patrick MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D89000

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	3	/	2	0	0	9

Amount of Each Disbursement this Period

1000.00

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)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PAUL BROUN COMMITTEE

Mailing Address P.O. Box 1512

City
Athens

State
GA

Zip Code
30601

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Paul C. Broun

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: D90888

Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

PETE SESSIONS FOR CONGRESS

Mailing Address PO Box 38585

City
Dallas

State
TX

Zip Code
75238

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Pete Sessions

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: D89777

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address PO Box U

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Phil Gingrey, M.D.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D89786

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

500.00

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)

GINGREY FOR CONGRESS

Mailing Address PO Box U

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Phil Gingrey, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D89590

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

GINGREY FOR CONGRESS

Mailing Address PO Box U

City
Marietta

State
GA

Zip Code
30060

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Phil Gingrey, M.D.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D89006

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEX-AS)

Mailing Address POST OFFICE BOX 711

City
ROCKWALL

State
TX

Zip Code
75087

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Rep. Ralph M. Hall

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: D88986

Date of Disbursement

09 / 23 / 2009

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

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(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Larsen for Congress

Mailing Address PO Box 326

City
Everett

State
WA

Zip Code
98206

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Rick Larsen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: D89596

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Larsen for Congress

Mailing Address PO Box 326

City
Everett

State
WA

Zip Code
98206

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Rick Larsen

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: D90156

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

3000.00

C.

Full Name (Last, First, Middle Initial)

RODNEY ALEXANDER FOR CONGRESS INC.

Mailing Address 104 Hume Ave

City
Alexandria

State
VA

Zip Code
22301-1015

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Rodney Alexander

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 05

Transaction ID: D90159

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

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 PageFOR 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)

KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City
BOCA RATONState
FLZip Code
33433Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Ron Klein011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D88988

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City
NEW HAVENState
CTZip Code
06511Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Rosa L. DeLauro011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D89582

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

CARNAHAN IN CONGRESS

Mailing Address 7370 Manchester Rd STE 20

City
St. LouisState
MOZip Code
63143Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Russ Carnahan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 03

Transaction ID: D87572

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

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)
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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)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
CharlestonState
WVZip Code
25339Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Shelley Moore Moore Capito011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D89337

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	4		2	0	0	9

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

SHELLEY MOORE CAPITO FOR CONGRESS

Mailing Address P.O. Box 11519

City
CharlestonState
WVZip Code
25339Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Shelley Moore Moore Capito011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D90160

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA

Mailing Address PO Box 2009

City
Sioux FallsState
SDZip Code
57101Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Stephanie Herseth Sandlin011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D89005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

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 PageFOR 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)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City State Zip Code
Charlotte NC 28237Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Sue Wilkins Myrick011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: D87579

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	8		2	0	0	9

Amount of Each Disbursement this Period

1500.00

B.Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City State Zip Code
Charlotte NC 28237Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Sue Wilkins Myrick011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: D90355

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.Full Name (Last, First, Middle Initial)
TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City State Zip Code
Niles OH 44446Purpose of Disbursement
Contributions to Federal CandidatesCandidate Name
Rep. Tim J. Ryan011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: D90169

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	8		2	0	0	9

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

3500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)
Republican Main Street Partnership PACMailing Address 2201 Wisconsin Ave, NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
Republican Main Street Partnership PAC

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State:	District:	Annual Contribution	

Transaction ID: D88979

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Republican Main Street Partnership PACMailing Address 2201 Wisconsin Ave, NW
Suite 320

City Washington State DC Zip Code 20007

Purpose of Disbursement
Contributions to Federal PACs/CommitteesCandidate Name
Republican Main Street Partnership PAC

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	

Transaction ID: D90349

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Rogers For CongressMailing Address PO Box 581
Post Office Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Michael J. Rogers

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: MI	District: 08		

Transaction ID: D89599

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

12500.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SEARCHLIGHT LEADERSHIP FUND

Mailing Address 426 C St NE

City
Washington

State
DC

Zip Code
20002-5839

Purpose of Disbursement
Contributions to Federal PACs/Committees

011

Category/
Type

Candidate Name
SEARCHLIGHT LEADERSHIP FUND

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D87849

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

SEARCHLIGHT LEADERSHIP FUND

Mailing Address 426 C St NE

City
Washington

State
DC

Zip Code
20002-5839

Purpose of Disbursement
Contributions to Federal PACs/Committees

011

Category/
Type

Candidate Name
SEARCHLIGHT LEADERSHIP FUND

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D88202

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

MIKULSKI FOR SENATE COMMITTEE

Mailing Address P O B 13147

City
BALTIMORE

State
MD

Zip Code
21203

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Sen. Barbara A. Mikulski

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 00

Transaction ID: D87568

Date of Disbursement

/ /

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 PageFOR 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)

FRIENDS OF CHRIS DODD

Mailing Address PO BOX 270701

City
WEST HARTFORDState
CTZip Code
06127Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Sen. Christopher J. Dodd011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: CT District: 00

Transaction ID: D89589

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

EVAN BAYH COMMITTEE

Mailing Address 1070 Thomas Jefferson St NW
Apt 202City
WashingtonState
DCZip Code
20007-3809Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Sen. Evan Bayh011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IN District: 00

Transaction ID: D89778

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	4		2	0	0	9

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City
SEATTLEState
WAZip Code
98124Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Sen. Patty Murray011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: D90348

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN

Mailing Address PO BOX 3662

City
SEATTLE

State
WA

Zip Code
98124

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. Patty Murray

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 00

Transaction ID: D89002

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 122 C St NW
Ste 505

City
Washington

State
DC

Zip Code
20001-2109

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. Ron Wyden

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: D89779

Date of Disbursement

11 / 04 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

COLLINS FOR SENATOR

Mailing Address PO BOX 1096

City
BANGOR

State
ME

Zip Code
04402

Purpose of Disbursement
Contributions to Federal Candidates

Candidate Name
Sen. Susan M. Collins

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: ME District: 00

Transaction ID: D87576

Date of Disbursement

07 / 08 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR 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)

SILK PAC

Mailing Address PO BOX 286

City
CALDWELLState
NJZip Code
07006-0286Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
SILK PAC011
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D90779

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Stabenow For Us Senate

Mailing Address PO Box 4945

City
East LansingState
MIZip Code
48826Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Sen. Debbie Stabenow011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: D90772

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steve Austria For Congress

Mailing Address 2537 Obetz Drive

City
BeavercreekState
OHZip Code
45434Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Mr. Steve Austria011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 07

Transaction ID: D89001

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	0	9

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)

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

FEC Schedule B (Form 3X) (Revised 02/2003)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Volunteers For Shimkus

Mailing Address PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contributions to Federal Candidates

011

Category/
Type

Candidate Name
Rep. John M. Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D90168

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Volunteers For Shimkus

Mailing Address PO Box 5458

City
Springfield

State
IL

Zip Code
62705

Purpose of Disbursement
Contributions for Federal candidates

011

Category/
Type

Candidate Name
Rep. John M. Shimkus

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 19

Transaction ID: D90777

Date of Disbursement

12 / 16 / 2009

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

WEDGE PAC

Mailing Address PO Box 680063

City
Franklin

State
TN

Zip Code
37068

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Category/
Type

Candidate Name
WEDGE PAC

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2009
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual contribution

Transaction ID: D90158

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

285500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

Ethan Wiener

Mailing Address 9 Clinton Ave

City
MaplewoodState
NJZip Code
07040Purpose of Disbursement
Refund Contribution-Not a mbr

Candidate Name

010
Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D89623

Date of Disbursement

M M / D D / Y Y Y Y
1 0 / 2 8 / 2 0 0 9

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional)

700.00

TOTAL This Period (last page this line number only)

700.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: D92201 Date of Disbursement
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 3 1 / 2 0 0 9</div> </div>
City Irving State TX Zip Code 75062-8114	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEES JULY 09	<div>1970.35</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: D92202 Date of Disbursement
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 8 / 3 1 / 2 0 0 9</div> </div>
City Irving State TX Zip Code 75062-8114	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEES AUG 09	<div>1829.72</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CHASE BANK	Transaction ID: D92203 Date of Disbursement
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 3 0 / 2 0 0 9</div> </div>
City Irving State TX Zip Code 75062-8114	Amount of Each Disbursement this Period
Purpose of Disbursement BANK FEES SEPT 09	<div>997.79</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4797.86

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:
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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES OCT 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D92204

Date of Disbursement

10 / 31 / 2009

Amount of Each Disbursement this Period

574.62

B.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES NOV 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D92205

Date of Disbursement

11 / 30 / 2009

Amount of Each Disbursement this Period

2483.50

C.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
BANK FEES DEC 09

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

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

Transaction ID: D92206

Date of Disbursement

12 / 31 / 2009

Amount of Each Disbursement this Period

277.79

SUBTOTAL of Disbursements This Page (optional)

3335.91

TOTAL This Period (last page this line number only)

8133.77