

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED 2015 JAN 30 AM 9:58 Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street) 555 East Wells Street, Suite 1100 Milwaukee WI 53202-3823

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

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

5. Covering Period 11 / 25 / 2014 through 12 / 31 / 2014

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

Type or Print Name of Treasurer Mr. Kevin Beier

Signature of Treasurer [Handwritten Signature] Date 01 / 22 / 2015

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

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="244754.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="280496.79"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="11671.53"/>	<input type="text" value="50165.13"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="292168.32"/>	<input type="text" value="294920.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="25.00"/>	<input type="text" value="2776.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="292143.32"/>	<input type="text" value="292143.32"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From:

MM / DD / YYYY
11 / 25 / 2014

To:

MM / DD / YYYY
12 / 31 / 2014

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9150.00	29850.00
(ii) Unitemized.....	2455.00	19936.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	11605.00	49786.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	11605.00	49786.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	66.53	379.13
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11671.53	50165.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11671.53	50165.13

ACCOUNT NUMBER

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	25.00	276.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	25.00	276.76
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	25.00	2776.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25.00	2776.76

COLUMN C: COLUMN D: LINE 11

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

33. Total Contributions (other than loans) (from Line 11(d), page 3)	11605.00	49786.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11605.00	49786.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	25.00	276.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	25.00	276.76

IDENTIFICATION NUMBER

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Dr. Dominic J. Bagnoli Jr.		Date of Receipt MM / DD / YYYY 11 / 26 / 2014
Mailing Address 50 East Drive		Transaction ID : SA11AI.4895
City Hartville	State OH	Zip Code 44632
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Emergency Medicine Physicians, Ltd.	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Vincent M. Blum		Date of Receipt MM / DD / YYYY 12 / 29 / 2014
Mailing Address 2910 Sundance Path		Transaction ID : SA11AI.4897
City Stevensville	State MI	Zip Code 49127
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer LSUHSC	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Erem Emmanuel Bobrakov		Date of Receipt MM / DD / YYYY 11 / 26 / 2014
Mailing Address 248 Westmoreland Drive		Transaction ID : SA11AI.4899
City Wilmette	State IL	Zip Code 60091-3060
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer MIDWAY EMERGENCY PHYSICIANS	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

ACCOUNT NUMBER

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

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

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

DUPLICATE - ORIGINAL - NUMBER

Full Name (Last, First, Middle Initial) A. Dr. Garrett Clanton II		Date of Receipt MM / DD / YYYY 11 / 26 / 2014
Mailing Address 1110 Vintage Drive		Transaction ID : SA11AI.4906
City Sumter	State SC	Zip Code 29154
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Tuomey Regional Medical Center	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Pierre Detiege		Date of Receipt MM / DD / YYYY 12 / 31 / 2014
Mailing Address 2200 Lake Oaks Pkwy		Transaction ID : SA11AI.4907
City New Orleans	State LA	Zip Code 70122
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Pierre Detiege MD LLC	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Denis J. Dollard		Date of Receipt MM / DD / YYYY 12 / 29 / 2014
Mailing Address 67 Willowgreene Drive		Transaction ID : SA11AI.4909
City Southampton	State PA	Zip Code 18966-5201
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Mercy Health System	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 10 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. William T. Durkin Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 3101 N. Hampton Drive, #505
 City Alexandria State VA Zip Code 22302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William T. Durkin, MD Inc. Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 12 / 31 / 2014
 Transaction ID : SA11AI.4911
 Amount of Each Receipt this Period
500.00

B. Dr. Evan A. English
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Wetherbee Court
 City Phoenix State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Charles Emergency Physicians Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 12 / 31 / 2014
 Transaction ID : SA11AI.4913
 Amount of Each Receipt this Period
250.00

C. Dr. David R. Hoyer Jr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 2026 McDuffie Street
 City Houston State TX Zip Code 77019-6134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Clear Lake Regional Medical Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 12 / 31 / 2014
 Transaction ID : SA11AI.4915
 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).....

11-00001-1-00001-1

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

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

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

Full Name (Last, First, Middle Initial) A. Dr. Christian Mustill		Date of Receipt MM / DD / YYYY 12 / 31 / 2014
Mailing Address 4595 Burnley Drive		Transaction ID : SA11AI.4920
City Bloomfield Hills	State MI	Zip Code 48304
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Henry Ford Health System	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Karl A. Nibbelink		Date of Receipt MM / DD / YYYY 12 / 11 / 2014
Mailing Address 1335 E Johnson St		Transaction ID : SA11AI.4922
City Madison	State WI	Zip Code 53703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Emergency Medicine Assoc of Madison	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Ronald T. Rakowski		Date of Receipt MM / DD / YYYY 12 / 22 / 2014
Mailing Address 6111 River View Court		Transaction ID : SA11AI.4924
City Frederick	State MD	Zip Code 21704
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Silver Spring Emergency Physicians	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

AMERICAN ACADEMY OF EMERGENCY MEDICINE

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

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

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

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

Full Name (Last, First, Middle Initial)

A. Daniel Ricciardi

Mailing Address 500 Martha Jefferson Av

City State Zip Code
Charlottesville VA 22911

FEC ID number of contributing federal political committee.

C

Name of Employer
Martha Jefferson Hospital

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SA11AI.4937

Amount of Each Receipt this Period

300.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

B. William Shapiro

Mailing Address 1781 Terry Lynn Lane

City State Zip Code
Santa Ana CA 92705

FEC ID number of contributing federal political committee.

C

Name of Employer
Scripps Clinic

Occupation
Physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SA11AI.4939

Amount of Each Receipt this Period

300.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

C. Dr. Jay Sharp

Mailing Address 2211 West Farragut Avenue

City State Zip Code
Chicago IL 60625

FEC ID number of contributing federal political committee.

C

Name of Employer
Presence Medical Group/Presence Health

Occupation
physician

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
12 / 01 / 2014

Transaction ID : SA11AI.4926

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).....▶

AMERICAN ACADEMY OF EMERGENCY MEDICINE

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

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

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

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

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

A. Full Name (Last, First, Middle Initial)
BMO Harris Bank NA

Mailing Address N14 W23999 Stone Ridge Drive

City State Zip Code
Waukesha WI 53188

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
379.13

Date of Receipt
MM / DD / YYYY
12 / 31 / 2014

Transaction ID : SA17.4889

Amount of Each Receipt this Period
66.53

Interest Earned on Account

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	66.53
TOTAL This Period (last page this line number only).....▶	66.53

ALMOND - FINANCIAL - INBOUND

earthsmart

FedEx carbon-neutral envelope shipping



FedEx Express US Airbill

Sender's FedEx Account Number 8577 5390 2078

Date 1-28-15 Sender's FedEx Account Number 2049-5687-1

Sender's Name Dr. Kevin Beier Phone

Company AMEM

Address 5102 Yale Court

City Brentwood State TN ZIP 37027

Your Internal Billing Reference

To Recipient's Name Federal Election Commission

Company Commission

Recipient's Address 999 E. Street, NW

City Washington State DC ZIP 20543

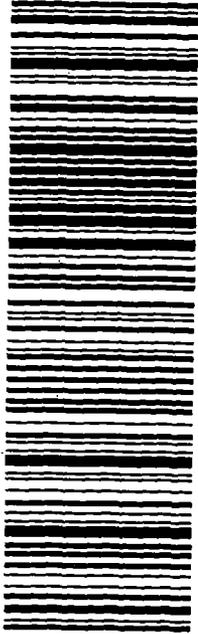


8577 5390 2078

FRI - 30 JAN AA STANDARD OVERNIGHT

FedEx TRACKING 8577 5390 2078

XCRDVA 20463 DC-US IAD



FID 171077 29JAN15 THAA 522C2/7A1B/65DD

Call for Confirmation: * To meet destination

5 Packaging 2 FedEx Envelope* 3 FedEx Pak* 4 FedEx Tube 5 Other

6 Special Handling 1 HOLD Saturday at FedEx Location 2 HOLD Sunday at FedEx Location 31 HOLD Source at FedEx Location

7 Payment 1 Sender 2 Recipient 3 Third Party 4 Credit Card 5 Cash/Check

8 NEW Residential Delivery Signature Options 10 Direct Signature 11 Indirect Signature

Total Packages Total Weight Total Charges Credit Card Auth.

Your liability is limited to \$100 unless you declare a higher value. See the current FedEx Services Guide for details.

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RT 19177 15:00 2018 01:30 9

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked

USPS Priority Mail Express Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
1/29/15
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


PREPARER
(8/2013)

1/30/15
DATE PREPARED

11-0101-1001-1-1001-1