

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

National Emergency Medicine Political Action Committee

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="2012"/>		798835.64
(b) Cash on Hand at Beginning of Reporting Period.....	298906.61	
(c) Total Receipts (from Line 19)	73422.22	963684.39
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	372328.83	1762520.03
7. Total Disbursements (from Line 31).....	38005.34	1428196.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	334323.49	334323.49
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

Write or Type Committee Name

National Emergency Medicine Political Action Committee

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

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).....	42362.47	487088.47
(ii) Unitemized	29975.48	465187.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	72337.95	952276.19
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	72337.95	957276.19
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	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	1084.27	1908.20
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))..... ▶	73422.22	963684.39
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73422.22	963684.39

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	2000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	2000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	36000.00	1029500.00
24. Independent Expenditures (use Schedule E)	0.00	376531.65
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	100.00	1460.00
(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)).....	100.00	1460.00
29. Other Disbursements	1905.34	18704.89
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)) ..	38005.34	1428196.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38005.34	1428196.54

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)	72337.95	957276.19
34. Total Contribution Refunds (from Line 28(d))	100.00	1460.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	72237.95	955816.19
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	2000.00
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	2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 108
	(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)
National Emergency Medicine Political Action Committee

A. James B Aiken
Full Name (Last, First, Middle Initial)

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 ▼ 1100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : C1883565

Amount of Each Receipt this Period
 100.00

B. Peter G Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1610 W Oceanfront

City Newport Beach State CA Zip Code 92663-4518

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

Name of Employer Fountain Valley Reg 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 Y
 11 / 30 / 2012

Transaction ID : C1883549

Amount of Each Receipt this Period
 100.00

C. Peter G Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 1610 W Oceanfront

City Newport Beach State CA Zip Code 92663-4518

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

Name of Employer Fountain Valley Reg 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 Y
 12 / 18 / 2012

Transaction ID : C1887816

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 7 OF 108
	(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"/> 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

Full Name (Last, First, Middle Initial)
A. Michael Oliver Ashwood

Mailing Address 8 Pumpkin Patch Rd

City State Zip Code
Woodbridge CT 06525-2523

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

Name of Employer Occupation
St Marys Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 05 / 2012
Transaction ID : C1883540

Amount of Each Receipt this Period
1000.00

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

Mailing Address 3150 Excelsior Blvd

City State Zip Code
Minneapolis MN 55416-4626

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

Name of Employer Occupation
Mayo ClnC-Chair Dept of EM 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 Y
11 / 28 / 2012
Transaction ID : C1876026

Amount of Each Receipt this Period
83.33

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

Mailing Address 3150 Excelsior Blvd

City State Zip Code
Minneapolis MN 55416-4626

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

Name of Employer Occupation
Mayo ClnC-Chair Dept of EM 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 Y
12 / 26 / 2012
Transaction ID : C1889877

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 8 OF 108
	(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)
National Emergency Medicine Political Action Committee

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

Mailing Address 211 Park St
Sturdy Meml Hosp

City Attleboro State MA Zip Code 02703-3143

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

Name of Employer Sturdy Mem Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
12 / 05 / 2012
Transaction ID : **C1883364**

Amount of Each Receipt this Period
100.00

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

Mailing Address 3519 N Fremont St

City Chicago State IL Zip Code 60657-7300

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

Name of Employer Diversified Emergency Services Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 05 / 2012
Transaction ID : **C1883542**

Amount of Each Receipt this Period
300.00

C. Brien Alfred Barnewolt
Full Name (Last, First, Middle Initial)

Mailing Address 68 Greenlawn Ave

City Newton Center State MA Zip Code 02459-1714

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

Name of Employer New England Med Ctr Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.21

Date of Receipt
12 / 05 / 2012
Transaction ID : **C1883363**

Amount of Each Receipt this Period
83.40

SUBTOTAL of Receipts This Page (optional)..... ▶ 483.40

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)
A. Gay Benevides

Mailing Address 107 Perth Ct

City Cary	State NC	Zip Code 27511-6534
--------------	-------------	------------------------

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

Name of Employer Wake Emer Phys PA	Occupation Emergency Physician
---------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

Transaction ID : C1886403

Amount of Each Receipt this Period

25.00

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

Mailing Address 107 Perth Ct

City Cary	State NC	Zip Code 27511-6534
--------------	-------------	------------------------

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

Name of Employer Wake Emer Phys PA	Occupation Emergency Physician
---------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	28	/	2012

Transaction ID : C1889848

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)
C. Jill Lynn Benson

Mailing Address 105 Phacelia Way

City Cary	State NC	Zip Code 27518-8951
--------------	-------------	------------------------

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

Name of Employer Wake Emer Phys PA	Occupation Emergency Physician
---------------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2012

Transaction ID : C1886404

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: (check only one)	PAGE 10 OF 108
<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. Jill Lynn Benson
Full Name (Last, First, Middle Initial)

Mailing Address 105 Phacelia Way

City State Zip Code
Cary NC 27518-8951

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

Name of Employer Occupation
Wake Emer Phys PA 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 Y
12 / 28 / 2012

Transaction ID : C1889849

Amount of Each Receipt this Period
25.00

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

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Occupation
Inphynet Team Hlth 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 Y
11 / 28 / 2012

Transaction ID : C1876027

Amount of Each Receipt this Period
83.33

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

Mailing Address 9846 NW 18th St

City State Zip Code
Coral Springs FL 33071-5826

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

Name of Employer Occupation
Inphynet Team Hlth 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 Y
12 / 26 / 2012

Transaction ID : C1889878

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	191.66
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 11 OF 108
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Keenan M Bora			Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876030
Mailing Address 3475 Ridgeline Ct			Amount of Each Receipt this Period 83.33
City Ann Arbor	State MI	Zip Code 48105-2500	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 999.99
Name of Employer Wayne State Univ/Detroit Rec		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Keenan M Bora			Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889879
Mailing Address 3475 Ridgeline Ct			Amount of Each Receipt this Period 83.33
City Ann Arbor	State MI	Zip Code 48105-2500	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 999.99
Name of Employer Wayne State Univ/Detroit Rec		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Keith Thomas Borg			Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876034
Mailing Address 145 Oyster Point Row			Amount of Each Receipt this Period 100.00
City Charleston	State SC	Zip Code 29412-3632	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 300.00
Name of Employer Med Univ of SC		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 12 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Keith 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889881

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Sabina A Braithwaite

Mailing Address PO Box 780809

City Wichita State KS Zip Code 67278-0809

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

Name of Employer Univ of VA, ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876032

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Sabina A Braithwaite

Mailing Address PO Box 780809

City Wichita State KS Zip Code 67278-0809

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

Name of Employer Univ of VA, ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889880

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 13 OF 108
(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

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

Mailing Address 8823 Taunton Dr

City State Zip Code
 Huntersville NC 28078-8513

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

Name of Employer Occupation
 MEMA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : C1889972

Amount of Each Receipt this Period
 204.00

Full Name (Last, First, Middle Initial)
B. Terrence Dean Brayboy

Mailing Address 52 Dogwood Acres Dr

City State Zip Code
 Chapel Hill NC 27516-3139

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

Name of Employer Occupation
 Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : C1886426

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Terrence Dean Brayboy

Mailing Address 52 Dogwood Acres Dr

City State Zip Code
 Chapel Hill NC 27516-3139

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

Name of Employer Occupation
 Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : C1889869

Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 254.00

TOTAL This Period (last page this line number 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 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Lisa M Bundy

Mailing Address 517 Wiltshire Dr

City State Zip Code
 Montgomery AL 36117-6000

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

Name of Employer Occupation
 Univ of AL Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876037

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Lisa M Bundy

Mailing Address 517 Wiltshire Dr

City State Zip Code
 Montgomery AL 36117-6000

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

Name of Employer Occupation
 Univ of AL Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889882

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. John William Burger

Mailing Address 58 Norfolk Ave

City State Zip Code
 Clarendon Hls IL 60514-1212

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

Name of Employer Occupation
 Johns Hopkins Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876039

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 15 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Gregory Cannon			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2012
Mailing Address 129 Loch Pointe Dr			Transaction ID : C1886405
City Cary	State NC	Zip Code 27518-8418	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Emer Phys PA		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Gregory Cannon			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012
Mailing Address 129 Loch Pointe Dr			Transaction ID : C1889850
City Cary	State NC	Zip Code 27518-8418	Amount of Each Receipt this Period 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Emer Phys PA		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Michael C Christopher			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012
Mailing Address 6149 E Wilshire Dr			Transaction ID : C1876046
City Scottsdale	State AZ	Zip Code 85257-1959	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer EMPower Emer Phys PC		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

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: (check only one)	PAGE 16 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Michael C Christopher
 Full Name (Last, First, Middle Initial)
 Mailing Address 6149 E Wilshire Dr
 City State Zip Code
 Scottsdale AZ 85257-1959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 EMPower Emer Phys PC 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 Y
 12 / 26 / 2012
Transaction ID : C1889885
 Amount of Each Receipt this Period
 83.33

B. Jerfi David Cicin
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Corsica Ln
 City State Zip Code
 Cary NC 27511-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wake Emer Phys PA 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 Y
 12 / 12 / 2012
Transaction ID : C1886406
 Amount of Each Receipt this Period
 25.00

C. Jerfi David Cicin
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Corsica Ln
 City State Zip Code
 Cary NC 27511-6476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Wake Emer Phys PA 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 Y
 12 / 28 / 2012
Transaction ID : C1889851
 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 17 OF 108
(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

Full Name (Last, First, Middle Initial)
A. R Carter Clements
 Mailing Address 5558 Taft Ave
 City State Zip Code
 Oakland CA 94618-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OakCare Med Grp Inc Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012
Transaction ID : C1876041
 Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. R Carter Clements
 Mailing Address 5558 Taft Ave
 City State Zip Code
 Oakland CA 94618-1519
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 OakCare Med Grp Inc Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
749.97

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2012
Transaction ID : C1889883
 Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Nathan J Cleveland
 Mailing Address 10458 Hope Mills Dr
 City State Zip Code
 Las Vegas NV 89135-2865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Denver Hlth Med Ctr Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
850.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012
Transaction ID : C1876049
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **416.66**
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 18 OF 108
	(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)
National Emergency Medicine Political Action Committee

A. Jeffrey J Cook
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Umbria Ct

City Apex State NC Zip Code 27502-9618

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : C1886429

Amount of Each Receipt this Period
 25.00

B. Jeffrey J Cook
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Umbria Ct

City Apex State NC Zip Code 27502-9618

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889872

Amount of Each Receipt this Period
 25.00

C. Robert Raymond Cooney
Full Name (Last, First, Middle Initial)

Mailing Address 210 Concord St

City Indiana State PA Zip Code 15701-2401

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

Name of Employer Allegheny Gen Hos Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1875924

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 19 OF 108
<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

Full Name (Last, First, Middle Initial) A. Ben C Corballis		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 29 / 2012 Transaction ID : C1883550
Mailing Address 906 Greenhill Ave		Amount of Each Receipt this Period 100.00
City Wilmington	State DE	Zip Code 19805-2640
FEC ID number of contributing federal political committee. C		
Name of Employer Doctors Emer Svcs PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Robert J Cox		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1875922
Mailing Address 817 Thomaston St		Amount of Each Receipt this Period 250.00
City Barnesville	State GA	Zip Code 30204-1729
FEC ID number of contributing federal political committee. C		
Name of Employer EmergiNet/Summit Med Svcs	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. James Michael Cusick		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876043
Mailing Address 1077 Race St		Amount of Each Receipt this Period 83.33
City Denver	State CO	Zip Code 80206-2832
FEC ID number of contributing federal political committee. C		
Name of Employer Natl Med Dir AMR	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1025.00	

SUBTOTAL of Receipts This Page (optional).....▶	433.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. James Michael Cusick
Full Name (Last, First, Middle Initial)

Mailing Address 1077 Race St

City State Zip Code
Denver CO 80206-2832

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

Name of Employer Occupation
Natl Med Dir AMR Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1025.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 26 / 2012
Transaction ID : C1889884

Amount of Each Receipt this Period
83.33

B. Brian C Dawson
Full Name (Last, First, Middle Initial)

Mailing Address 359 Augusta Dr

City State Zip Code
Abingdon VA 24211-3805

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

Name of Employer Occupation
Brody Schl of Med @ ECU ED 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 Y
11 / 28 / 2012
Transaction ID : C1875925

Amount of Each Receipt this Period
250.00

c. Sydney E DeAngelis
Full Name (Last, First, Middle Initial)

Mailing Address 55 Araca Rd

City State Zip Code
Babylon NY 11702-4405

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

Name of Employer Occupation
Samaritan Hosp 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 Y
11 / 28 / 2012
Transaction ID : C1876050

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: (check only one)	PAGE 21 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Sydney E DeAngelis

Mailing Address 55 Araca Rd

City State Zip Code
Babylon NY 11702-4405

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

Name of Employer Occupation
Samaritan Hosp 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 Y
12 / 26 / 2012
Transaction ID : C1889886

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Robert A Di Lorenzo

Mailing Address 4734 Cypress Ford Dr

City State Zip Code
Fuquay Varina NC 27526-9081

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

Name of Employer Occupation
Raleigh Emer Med Assoc Inc 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 Y
11 / 28 / 2012
Transaction ID : C1875901

Amount of Each Receipt this Period
250.00

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

Mailing Address 4006 Highway D

City State Zip Code
Defiance MO 63341-1726

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

Name of Employer Occupation
Hanibal Regional Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 21 / 2012
Transaction ID : C1888193

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	833.33
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: (check only one)	PAGE 22 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Reva Dubin		Date of Receipt
Mailing Address 547 Park Rd		<input type="text" value="12"/> / <input type="text" value="10"/> / <input type="text" value="2012"/>
City State Zip Code Mays Landing NJ 08330-1917		Transaction ID : C1886400
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer atlantic emergency associtaes	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) B. Olly C Duckett		Date of Receipt
Mailing Address 325 Meeting House Cir		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City State Zip Code Raleigh NC 27615-3133		Transaction ID : C1886407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) c. Olly C Duckett		Date of Receipt
Mailing Address 325 Meeting House Cir		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Raleigh NC 27615-3133		Transaction ID : C1889852
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. David A Dwyer
Full Name (Last, First, Middle Initial)

Mailing Address 11555 Indian Hill Rd

City Hawesville State KY Zip Code 42348-9406

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

Name of Employer David A Dwyer, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 291.40

Date of Receipt 12 / 31 / 2012
Transaction ID : C1890552

Amount of Each Receipt this Period 100.00

B. Mark R Dzedzic
Full Name (Last, First, Middle Initial)

Mailing Address 101 Boulanger Ave

City West Hartford State CT Zip Code 06110-1178

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

Name of Employer Northeast Emergency Medicine Specialis Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 26 / 2012
Transaction ID : C1888168

Amount of Each Receipt this Period 250.00

C. Irv E Edwards MD, FACEP
Full Name (Last, First, Middle Initial)

Mailing Address Ste 210

City State Zip Code

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 ▼ 750.00

Date of Receipt 12 / 26 / 2012
Transaction ID : C1889888

Amount of Each Receipt this Period 375.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 725.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Voorheesville NY 12186-9530		Transaction ID : C1876051
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Dr. Clifford Erickson Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) B. Clifford Erickson		Date of Receipt
Mailing Address 31 Forest Dr		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Voorheesville NY 12186-9530		Transaction ID : C1889887
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Dr. Clifford Erickson Emergency Physician		<input type="text" value="83.33"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="249.99"/>	

Full Name (Last, First, Middle Initial) C. Claudine S Feliciano		Date of Receipt
Mailing Address 639 Bobwhite Ln		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code New Lenox IL 60451-8595		Transaction ID : C1876056
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Henry Ford Macomb-Warren Hosp Emergency Physician		<input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="750.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 25 OF 108
	(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)
National Emergency Medicine Political Action Committee

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

Mailing Address 505 S 5th St

City Zionsville State IN Zip Code 46077-1745

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

Name of Employer Indiana Univ Schl of Med Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876054

Amount of Each Receipt this Period
 83.33

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

Mailing Address 505 S 5th St

City Zionsville State IN Zip Code 46077-1745

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

Name of Employer Indiana Univ Schl of Med Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889890

Amount of Each Receipt this Period
 83.33

C. Diana L Fite
Full Name (Last, First, Middle Initial)

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 ▼ 1059.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876052

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: (check only one)	PAGE 26 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Diana 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 ▼ **1059.99**

Date of Receipt
12 / 26 / 2012
Transaction ID : C1889889

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Juan 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 ▼ **1050.00**

Date of Receipt
11 / 28 / 2012
Transaction ID : C1876055

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Juan 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 ▼ **1050.00**

Date of Receipt
12 / 26 / 2012
Transaction ID : C1889891

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: (check only one)	PAGE 27 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Sidney 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 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 Y
 12 / 28 / 2012

Transaction ID : C1889969

Amount of Each Receipt this Period
 204.00

Full Name (Last, First, Middle Initial)
B. 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 ▼ 1025.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876492

Amount of Each Receipt this Period
 125.00

Full Name (Last, First, Middle Initial)
C. Steven Gerald Folstad

Mailing Address 131 Sanibel Ln

City Mooresville State NC Zip Code 28117-9062

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

Name of Employer Mid Atlantic 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 Y
 12 / 28 / 2012

Transaction ID : C1889971

Amount of Each Receipt this Period
 204.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 533.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Dennis M Ford

Mailing Address 8033 Bayridge Ave

City State Zip Code
Gig Harbor WA 98332-1875

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

Name of Employer Occupation
St Johns Med Ctr Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
12 / 26 / 2012
Transaction ID : C1890612

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Paul W Gabriel

Mailing Address 2676 Jewett Rd

City State Zip Code
Powell OH 43065-7650

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

Name of Employer Occupation
Grant Med Ctr Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 17 / 2012
Transaction ID : C1887812

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. William Stephen Gallea

Mailing Address PO Box 6622

City State Zip Code
Helena MT 59604-6622

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

Name of Employer Occupation
c/o Lopach & Carparelli Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
11 / 28 / 2012
Transaction ID : C1876058

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: (check only one)	PAGE 29 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. William Stephen Gallea		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889894
Mailing Address PO Box 6622		Amount of Each Receipt this Period 100.00
City Helena	State MT	Zip Code 59604-6622
FEC ID number of contributing federal political committee. C	Name of Employer c/o Lopach & Carparelli	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Angela F Gardner		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876060
Mailing Address 1914 Fair Field Dr		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

Full Name (Last, First, Middle Initial) C. Angela F Gardner		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889892
Mailing Address 1914 Fair Field Dr		Amount of Each Receipt this Period 83.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.64	

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 30 OF 108
	(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"/> 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. Adrian S Garmestani
Full Name (Last, First, Middle Initial)

Mailing Address 18606 John Connor Rd

City State Zip Code
Cornelius NC 28031-7673

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

Name of Employer Occupation
Mid Atlantic Emer Med Assoc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889955

Amount of Each Receipt this Period
204.00

B. Marianne Gausche-Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1931 Power St

City State Zip Code
Hermosa Beach CA 90254-2915

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

Name of Employer Occupation
Harbor UCLA Med Ctr ED Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : C1883524

Amount of Each Receipt this Period
250.00

C. Nizar M Ghuneim
Full Name (Last, First, Middle Initial)

Mailing Address 606 Whippoorwill Ln

City State Zip Code
Concord NC 28025-9174

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

Name of Employer Occupation
Mid Atlantic Emer Med Assoc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889965

Amount of Each Receipt this Period
204.00

SUBTOTAL of Receipts This Page (optional).....▶	658.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Cai Glushak		Date of Receipt
Mailing Address 1432 W Catalpa Ave		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60640-1212
FEC ID number of contributing federal political committee.		Transaction ID : C1876057
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AXA Assistance USA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Cai Glushak		Date of Receipt
Mailing Address 1432 W Catalpa Ave		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Chicago	IL	60640-1212
FEC ID number of contributing federal political committee.		Transaction ID : C1889893
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
AXA Assistance USA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Eric Goldlust		Date of Receipt
Mailing Address 29 Pratt St		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Providence	RI	02906-1424
FEC ID number of contributing federal political committee.		Transaction ID : C1886391
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
UEMF	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="450.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Mary J Gombash

Mailing Address 4571 Westbourne Rd

City Toledo State OH Zip Code 43623-2015

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

Name of Employer Dr. Mary J Gombash Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890521

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Christopher Michael Gooch

Mailing Address 105 Church St

City Rayland State OH Zip Code 43943-9602

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

Name of Employer Ohio Valley Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876061

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Andrea 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 ▼ **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876059

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 33 OF 108
	(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)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Andrea 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 ▼
1600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889895

Amount of Each Receipt this Period
150.00

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

Mailing Address 1707 Canyon Springs Drive

City Belton State TX Zip Code 76513-1044

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

Name of Employer Scott & White Healthcare 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 Y
 12 / 16 / 2012

Transaction ID : C1887009

Amount of Each Receipt this Period
250.00

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

Mailing Address 220 Midden Way

City Holly Springs State NC Zip Code 27540-6842

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

Name of Employer Wake Emer Phys 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 Y Y
 12 / 12 / 2012

Transaction ID : C1886408

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number 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 OF 108
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Amy Griffin		Date of Receipt 12 / 28 / 2012 Transaction ID : C1889853
Mailing Address 220 Midden Way		Amount of Each Receipt this Period 25.00
City Holly Springs	State NC	Zip Code 27540-6842
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Pamela R Guoth		Date of Receipt 12 / 12 / 2012 Transaction ID : C1886390
Mailing Address 1800 E Pecan Ave		Amount of Each Receipt this Period 1000.00
City Bastrop	State LA	Zip Code 71220-5214
FEC ID number of contributing federal political committee. C		
Name of Employer St Frances Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. John F Gwin		Date of Receipt 11 / 28 / 2012 Transaction ID : C1875906
Mailing Address 3687 Encanto Dr		Amount of Each Receipt this Period 250.00
City Ft Worth	State TX	Zip Code 76109-3545
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatric Emerg Grp PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1275.00
TOTAL This Period (last page this line number 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 OF 108
	(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)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Alison Haddock

Mailing Address 1800 11th Ave

City State Zip Code
Seattle WA 98122-2421

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

Name of Employer Occupation
Univ of MI 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
11 / 28 / 2012

Transaction ID : C1876062

Amount of Each Receipt this Period
83.33

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

Mailing Address 1800 11th Ave

City State Zip Code
Seattle WA 98122-2421

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

Name of Employer Occupation
Univ of MI 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
12 / 26 / 2012

Transaction ID : C1889896

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Joseph Alan Halpern

Mailing Address 2 Waters Rd

City State Zip Code
Severna Park MD 21146-4642

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

Name of Employer Occupation
Anne Arundel Med Ctr 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
12 / 07 / 2012

Transaction ID : C1886487

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 36 OF 108
	(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"/> 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. PJ Hamilton-Gaertner
 Full Name (Last, First, Middle Initial)
 Mailing Address 580 Vista Del Lago Ln
 City Wake Forest State NC Zip Code 27587-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Emer Phys PA Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 12 / 2012
Transaction ID : C1886409
 Amount of Each Receipt this Period
 25.00

B. PJ Hamilton-Gaertner
 Full Name (Last, First, Middle Initial)
 Mailing Address 580 Vista Del Lago Ln
 City Wake Forest State NC Zip Code 27587-5342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Wake Emer Phys PA Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 28 / 2012
Transaction ID : C1889854
 Amount of Each Receipt this Period
 25.00

C. Paul H Harris
 Full Name (Last, First, Middle Initial)
 Mailing Address 756 Byrnwyck Rd NE
 City Atlanta State GA Zip Code 30319-1677
 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
 12 / 17 / 2012
Transaction ID : C1887799
 Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 37 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Charles W Henrichs III
 Full Name (Last, First, Middle Initial)
 Mailing Address 800 N Justice St
 Margaret R Pardee Meml Hosp
 City Hendersonville State NC Zip Code 28791-3410
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Hendersonville Emer Consultant 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 Y
 11 / 28 / 2012
Transaction ID : C1876067
 Amount of Each Receipt this Period
250.00

B. Justin P Hensley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Ocean Dr
 City Crp Christi State TX Zip Code 78412-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Justin P Hensley, MD Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876063
 Amount of Each Receipt this Period
83.33

C. Justin P Hensley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5121 Ocean Dr
 City Crp Christi State TX Zip Code 78412-2661
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Justin P Hensley, MD Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889897
 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: (check only one)	PAGE 38 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Hollis R Hilty		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 19 / 2012 Transaction ID : C1890613
Mailing Address 4812 Firebrook Blvd		Amount of Each Receipt this Period 200.00
City Lexington	State KY	Zip Code 40513-1404
FEC ID number of contributing federal political committee.	C	
Name of Employer Central Baptist Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Larry Allen Hobbs		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876064
Mailing Address 12717 Brewster Dr Lee Memorial Gulf Coast Med Ctr		Amount of Each Receipt this Period 83.33
City Fort Myers	State FL	Zip Code 33908-1809
FEC ID number of contributing federal political committee.	C	
Name of Employer Southwest FL Emer Phys	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Timothy Hodge		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876066
Mailing Address 3105 Dobie Rd		Amount of Each Receipt this Period 125.00
City Mason	State MI	Zip Code 48854-9422
FEC ID number of contributing federal political committee.	C	
Name of Employer Emer Med Assoc MI	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional).....▶	408.33
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: (check only one)	PAGE 39 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Timothy Hodge
 Full Name (Last, First, Middle Initial)
 Mailing Address 3105 Dobie Rd
 City Mason State MI Zip Code 48854-9422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emer Med Assoc MI Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889899
 Amount of Each Receipt this Period
 125.00

B. Hans Roberts House
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr
 Univ of IA Hosps & Clncs
 City Iowa City State IA Zip Code 52242-1009
 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 ▼ 1550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876065
 Amount of Each Receipt this Period
 100.00

C. Hans Roberts House
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Hawkins Dr
 Univ of IA Hosps & Clncs
 City Iowa City State IA Zip Code 52242-1009
 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 ▼ 1550.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889898
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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

Full Name (Last, First, Middle Initial) A. John D Hoyle Jr		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 17 / 2012 Transaction ID : C1887800
Mailing Address 7719 Forest Ct NE		Amount of Each Receipt this Period 250.00
City Rockford	State MI	Zip Code 49341-8115
FEC ID number of contributing federal political committee. C		
Name of Employer Dr. John D Hoyle, Jr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Raymond Iannaccone		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876069
Mailing Address 25 Oakwood Rd		Amount of Each Receipt this Period 83.33
City Allendale	State NJ	Zip Code 07401-2100
FEC ID number of contributing federal political committee. C		
Name of Employer EMA NY	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1516.65	

Full Name (Last, First, Middle Initial) C. Raymond Iannaccone		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889900
Mailing Address 25 Oakwood Rd		Amount of Each Receipt this Period 83.33
City Allendale	State NJ	Zip Code 07401-2100
FEC ID number of contributing federal political committee. C		
Name of Employer EMA NY	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1516.65	

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 41 OF 108
(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. Timothy James Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6609 Southdale Rd
 City State Zip Code
 Minneapolis MN 55435-1650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerg Phys PA Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012
Transaction ID : C1886492
 Amount of Each Receipt this Period
 100.00

B. Timothy James Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6609 Southdale Rd
 City State Zip Code
 Minneapolis MN 55435-1650
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Emerg Phys PA Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1891170
 Amount of Each Receipt this Period
 500.00

C. Jason Paul Jones
 Full Name (Last, First, Middle Initial)
 Mailing Address 2897 Carmelo Dr
 City State Zip Code
 Henderson NV 89052-4072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Univ of KY Chandler Med Ctr Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876071
 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: (check only one)	PAGE 42 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jeffrey Alan Joseph			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876070
Mailing Address 14855 Tyler Mill Ct			Amount of Each Receipt this Period 100.00
City Haymarket	State VA	Zip Code 20169-2628	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Dr. Jeffrey Alan Joseph		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Jeffrey Alan Joseph			Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889902
Mailing Address 14855 Tyler Mill Ct			Amount of Each Receipt this Period 100.00
City Haymarket	State VA	Zip Code 20169-2628	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1000.00
Name of Employer Dr. Jeffrey Alan Joseph		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Nicholas John Jouriles			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876068
Mailing Address 398 Bentleyville Rd			Amount of Each Receipt this Period 83.33
City Chagrin Falls	State OH	Zip Code 44022-2433	
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 249.99
Name of Employer Akron Gen Med Ctr ED		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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: (check only one)	PAGE 43 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Nicholas John Jouriles
 Full Name (Last, First, Middle Initial)
 Mailing Address 398 Bentleyville Rd
 City Chagrin Falls State OH Zip Code 44022-2433
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Akron Gen Med Ctr ED 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 Y
 12 / 26 / 2012
Transaction ID : C1889901
 Amount of Each Receipt this Period
 83.33

B. Steven B Kailes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1998 Rivergate Dr
 City Fleming Isle 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 ▼ 1149.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876073
 Amount of Each Receipt this Period
 83.33

C. Steven B Kailes
 Full Name (Last, First, Middle Initial)
 Mailing Address 1998 Rivergate Dr
 City Fleming Isle 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 ▼ 1149.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889904
 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 44 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Achyut Kamat

Mailing Address 19 Everett Ave

City Providence State RI Zip Code 02906-3321

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

Name of Employer Univ Emer Med Fndtn Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : C1886401

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Donald R Kamens

Mailing Address 92 Garden Hill Dr

City Gilford State NH Zip Code 03249-6924

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

Name of Employer St Vincents Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883546

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
C. Myles K Kawamura

Mailing Address 4121 SW 28th St

City Des Moines State IA Zip Code 50321-2245

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

Name of Employer Mercy Hosp ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : C1886389

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: (check only one)	PAGE 45 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Gautam Khandelwal
Full Name (Last, First, Middle Initial)

Mailing Address 3229 Corsham Dr

City Apex State NC Zip Code 27539-5729

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : C1886410

Amount of Each Receipt this Period
 25.00

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

Mailing Address 3229 Corsham Dr

City Apex State NC Zip Code 27539-5729

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889855

Amount of Each Receipt this Period
 25.00

C. Ryan D Kirkpatrick
Full Name (Last, First, Middle Initial)

Mailing Address 3914 Croisan Mountain Dr S

City Salem State OR Zip Code 97302-3644

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

Name of Employer Dr. Ryan D Kirkpatrick Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 19 / 2012

Transaction ID : C1889932

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 46 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Paul Daniel Kivela
 Full Name (Last, First, Middle Initial)
 Mailing Address 1370 Trancas St
 City Napa State CA Zip Code 94558-2912
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Napa Valley Emer Med Grp Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 28 / 2012
Transaction ID : C1876075
 Amount of Each Receipt this Period 250.00

B. Terry Kowalenko
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt 11 / 28 / 2012
Transaction ID : C1876072
 Amount of Each Receipt this Period 83.33

C. Terry Kowalenko
 Full Name (Last, First, Middle Initial)
 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 ▼ 1000.00

Date of Receipt 12 / 26 / 2012
Transaction ID : C1889903
 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: (check only one)	PAGE 47 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Brian Alan Krakover
Full Name (Last, First, Middle Initial)

Mailing Address 18451 Rogers Pike

City San Antonio State TX Zip Code 78258-4610

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 ▼ **416.65**

Date of Receipt
 / /
Transaction ID : C1876074

Amount of Each Receipt this Period

B. Brian Alan Krakover
Full Name (Last, First, Middle Initial)

Mailing Address 18451 Rogers Pike

City San Antonio State TX Zip Code 78258-4610

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 ▼ **416.65**

Date of Receipt
 / /
Transaction ID : C1889905

Amount of Each Receipt this Period

C. Anita J L'Italien
Full Name (Last, First, Middle Initial)

Mailing Address 1085 Tacketts Pond Dr

City Raleigh State NC Zip Code 27614-7887

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 / /
Transaction ID : C1886411

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="191.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 48 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Anita J L'Italien

Mailing Address 1085 Tacketts Pond Dr

City Raleigh State NC Zip Code 27614-7887

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 28 / 2012

Transaction ID : C1889856

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. David L Leader Jr

Mailing Address 1937 Partridge Berry Dr

City Raleigh State NC Zip Code 27606-9695

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 12 / 2012

Transaction ID : C1886412

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. David L Leader Jr

Mailing Address 1937 Partridge Berry Dr

City Raleigh State NC Zip Code 27606-9695

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
12 / 28 / 2012

Transaction ID : C1889857

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: (check only one)	PAGE 49 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Wilson Wong Lem
Full Name (Last, First, Middle Initial)

Mailing Address 1901 Mason St

City San Francisco State CA Zip Code 94133-2712

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

Name of Employer Reg Med Ctr of San Jose Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
291.40

Date of Receipt
12 / 28 / 2012
Transaction ID : **C1890562**

Amount of Each Receipt this Period
100.00

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

Mailing Address 814 Cowper Dr

City Raleigh State NC Zip Code 27608-2312

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 12 / 2012
Transaction ID : **C1886433**

Amount of Each Receipt this Period
20.00

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

Mailing Address 814 Cowper Dr

City Raleigh State NC Zip Code 27608-2312

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 28 / 2012
Transaction ID : **C1889875**

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 140.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Heather K Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 2001 Shingleback Dr
City Wake Forest State NC Zip Code 27587-6554
FEC ID number of contributing federal political committee. **C**
Name of Employer Wake Emer Phys PA Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 12 / 2012
Transaction ID : C1886434
Amount of Each Receipt this Period 25.00

B. Heather K Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 2001 Shingleback Dr
City Wake Forest State NC Zip Code 27587-6554
FEC ID number of contributing federal political committee. **C**
Name of Employer Wake Emer Phys PA Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt
12 / 28 / 2012
Transaction ID : C1889876
Amount of Each Receipt this Period 25.00

C. Thomas G Lewis
Full Name (Last, First, Middle Initial)
Mailing Address 2921 Long Marsh Rd
City Darlington State SC Zip Code 29532-8636
FEC ID number of contributing federal political committee. **C**
Name of Employer McLeod Reg Med Ctr Occupation Emergency Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
11 / 28 / 2012
Transaction ID : C1875905
Amount of Each Receipt this Period 250.00

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: (check only one)	PAGE 51 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alexis Lieser		Date of Receipt M M / D D / Y Y Y Y Y 12 / 14 / 2012 Transaction ID : C1886919
Mailing Address PO Box 51		Amount of Each Receipt this Period 85.00
City Georgetown	State CA	Zip Code 95634
FEC ID number of contributing federal political committee. C	Name of Employer Emergency Medicine Physicians	Occupation Emergency physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

Full Name (Last, First, Middle Initial) B. Timothy E Lietz		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1889973
Mailing Address 7331 Baltusrol Ln		Amount of Each Receipt this Period 204.00
City Charlotte	State NC	Zip Code 28210-4923
FEC ID number of contributing federal political committee. C	Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 304.00	

Full Name (Last, First, Middle Initial) C. Harry Marette Little		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1889959
Mailing Address 294 Holly Ln		Amount of Each Receipt this Period 240.00
City Mocksville	State NC	Zip Code 27028-2907
FEC ID number of contributing federal political committee. C	Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	529.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 52 OF 108
	(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"/> 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. David Locascio
Full Name (Last, First, Middle Initial)

Mailing Address 2913 Tarrymore Pl

City Charlotte State NC Zip Code 28270-0773

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

Name of Employer Mid Atlantic Emer Med Assoc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 28 / 2012
Transaction ID : C1889958

Amount of Each Receipt this Period 204.00

B. Ralph K Losey
Full Name (Last, First, Middle Initial)

Mailing Address 207 S Prospect St

City Galena State IL Zip Code 61036-2119

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

Name of Employer Univ of IL at Chicago ED Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 12 / 26 / 2012
Transaction ID : C1889906

Amount of Each Receipt this Period 250.00

C. Bruce Alan MacLeod
Full Name (Last, First, Middle Initial)

Mailing Address 1515 Mohican Dr

City Pittsburgh State PA Zip Code 15228-1615

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

Name of Employer University of Pittsburgh Physicians Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 11 / 28 / 2012
Transaction ID : C1876014

Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 954.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Anil K Mahajan		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889847
Mailing Address 15528 Thompson Rd		Amount of Each Receipt this Period 250.00
City Silver Spring	State MD	Zip Code 20905-3954
FEC ID number of contributing federal political committee. C	Name of Employer Southern Maryland Hosp EM	Occupation Emergency 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. Donald Blair Maisel		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2012 Transaction ID : C1890536
Mailing Address 4875 Venner Rd		Amount of Each Receipt this Period 100.00
City Martinez	State CA	Zip Code 94553-4546
FEC ID number of contributing federal political committee. C	Name of Employer Dr. Donald Blair Maisel	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.40	

Full Name (Last, First, Middle Initial) C. Courtney H Mann		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 12 / 2012 Transaction ID : C1886413
Mailing Address 12317 Beestone Ln		Amount of Each Receipt this Period 25.00
City Raleigh	State NC	Zip Code 27614-8027
FEC ID number of contributing federal political committee. C	Name of Employer Wake Emer Phys PA	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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 54 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Courtney H Mann

Mailing Address 12317 Beestone Ln

City Raleigh State NC Zip Code 27614-8027

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889858

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Richard L Manolio

Mailing Address 3104 Celbridge Ct

City Virginia Bch State VA Zip Code 23452-6187

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

Name of Employer Chesapeake Emer Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : C1883525

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Erik A Manning

Mailing Address 3100 Birnamwood Rd

City Raleigh State NC Zip Code 27607-6702

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886414

Amount of Each Receipt this Period
25.00

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 55 OF 108
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Erik A Manning		Date of Receipt
Mailing Address 3100 Birnamwood Rd		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Raleigh State NC Zip Code 27607-6702		Transaction ID : C1889859
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Wake Emer Phys PA Occupation Emergency Physician		<input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Angela F Mattke		Date of Receipt
Mailing Address 1080 Pebblebrook Rd SE		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Mableton State GA Zip Code 30126-5612		Transaction ID : C1876015
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer EmergiNet/Summit Med Svcs Occupation Emergency Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1400.00"/>	

Full Name (Last, First, Middle Initial) C. Angela F Mattke		Date of Receipt
Mailing Address 1080 Pebblebrook Rd SE		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City Mableton State GA Zip Code 30126-5612		Transaction ID : C1876077
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer EmergiNet/Summit Med Svcs Occupation Emergency Physician		<input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 56 OF 108
	(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)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. David T Maxwell		Date of Receipt
Mailing Address 1138 Bridle Dr		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Richland	WA	99352-7764
FEC ID number of contributing federal political committee.		Transaction ID : C1886495
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="8.00"/>
Name of Employer	Occupation	
Dr. David T Maxwell	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="298.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Rodney L McCaskill		Date of Receipt
Mailing Address 3120 Whitehart Ln		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Apex	NC	27539-5683
FEC ID number of contributing federal political committee.		Transaction ID : C1886428
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Wake Emer Phys PA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Rodney L McCaskill		Date of Receipt
Mailing Address 3120 Whitehart Ln		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Apex	NC	27539-5683
FEC ID number of contributing federal political committee.		Transaction ID : C1889871
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Wake Emer Phys PA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="58.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 57 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Cary Crane McDonald

Mailing Address 106 Juniper Pl

City State Zip Code
 Chapel Hill NC 27514-9576

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

Name of Employer Occupation
 Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012

Transaction ID : C1886416

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
B. Cary Crane McDonald

Mailing Address 106 Juniper Pl

City State Zip Code
 Chapel Hill NC 27514-9576

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

Name of Employer Occupation
 Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889860

Amount of Each Receipt this Period
 25.00

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

Mailing Address 102 E Lake Mead Pkwy
 St Rose Dominican Hosp

City State Zip Code
 Henderson NV 89015-5575

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

Name of Employer Occupation
 St Rose Dominican Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876079

Amount of Each Receipt this Period
 250.00

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: (check only one)	PAGE 58 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. William 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 E Carolina Univ Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876078

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. William 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 E Carolina Univ Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889908

Amount of Each Receipt this Period
83.33

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

Mailing Address 2756 Weaver Hill Dr

City Apex State NC Zip Code 27502-6547

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886417

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional)..... ▶ **191.66**

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: (check only one)	PAGE 59 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. James Merritt

Mailing Address 2756 Weaver Hill Dr

City State Zip Code
Apex NC 27502-6547

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

Name of Employer Occupation
Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
12 / 28 / 2012
Transaction ID : C1889861

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Anita S Miller

Mailing Address 454 McLillie Ln

City State Zip Code
Covington TN 38019-6412

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

Name of Employer Occupation
Dr. Anita S Miller Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 17 / 2012
Transaction ID : C1887803

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Erik Charles Miller

Mailing Address 1744 Leisure Ln

City State Zip Code
Yakima WA 98908-9224

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

Name of Employer Occupation
Yakima Mem Hosp Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
11 / 28 / 2012
Transaction ID : C1876023

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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. Joshua B Moskowitz
Full Name (Last, First, Middle Initial)

Mailing Address 435 E 79th St

City New York State NY Zip Code 10075-1076

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

Name of Employer North Shore Univ Hosp Emer Phys Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2012
Transaction ID : C1876076

Amount of Each Receipt this Period 83.33

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

Mailing Address 435 E 79th St

City New York State NY Zip Code 10075-1076

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

Name of Employer North Shore Univ Hosp Emer Phys Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 26 / 2012
Transaction ID : C1889907

Amount of Each Receipt this Period 83.33

C. Jason A Mutch
Full Name (Last, First, Middle Initial)

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 Assoc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 28 / 2012
Transaction ID : C1889960

Amount of Each Receipt this Period 204.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 370.66

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 61 OF 108
	(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"/> 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

Full Name (Last, First, Middle Initial) A. J Brent Myers		Date of Receipt
Mailing Address 2105 Glenwood Ave		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City State Zip Code Raleigh NC 27608-1441		Transaction ID : C1886432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Wake Emer Phys PA Emergency Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) B. J Brent Myers		Date of Receipt
Mailing Address 2105 Glenwood Ave		<input type="text" value="12"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Raleigh NC 27608-1441		Transaction ID : C1889874
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Wake Emer Phys PA Emergency Physician		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Ira R Nemeth		Date of Receipt
Mailing Address 1408 Vermont St		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Houston TX 77006-1071		Transaction ID : C1876081
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Occupation Dr. Ira R Nemeth Emergency Physician		<input type="text" value="125.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 62 OF 108
	(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)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Ira R Nemeth		Date of Receipt
Mailing Address 1408 Vermont St		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Houston TX 77006-1071		Transaction ID : C1889910
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Jeffrey R Nickel		Date of Receipt
Mailing Address 2300 N Black Oak Dr		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City State Zip Code Angola IN 46703-8195		Transaction ID : C1876082
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

Full Name (Last, First, Middle Initial) C. Jeffrey R Nickel		Date of Receipt
Mailing Address 2300 N Black Oak Dr		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City State Zip Code Angola IN 46703-8195		Transaction ID : C1889909
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.33"/>
Name of Employer Pro Emer Phys Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="291.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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

Full Name (Last, First, Middle Initial) A. Jerry Dale Nix		Date of Receipt 12 / 28 / 2012 Transaction ID : C1889961
Mailing Address 8622 Briar Oak Ct		Amount of Each Receipt this Period 252.00
City Charlotte	State NC	Zip Code 28226-8512
FEC ID number of contributing federal political committee. C	Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

Full Name (Last, First, Middle Initial) B. Jason T Nomura		Date of Receipt 12 / 05 / 2012 Transaction ID : C1883488
Mailing Address 1014 Old Forge Rd		Amount of Each Receipt this Period 1000.00
City New Castle	State DE	Zip Code 19720-5422
FEC ID number of contributing federal political committee. C	Name of Employer Doctors Emer Svcs PA	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Jeremiah O'Shea		Date of Receipt 11 / 28 / 2012 Transaction ID : C1876083
Mailing Address 20692 Creekside Dr		Amount of Each Receipt this Period 25.00
City Smithfield	State VA	Zip Code 23430-8103
FEC ID number of contributing federal political committee. C	Name of Employer Peninsula Emer Phys	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	1277.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Marcus Obeius
Full Name (Last, First, Middle Initial)

Mailing Address 4360 Idlebrook Dr

City Akron State OH Zip Code 44333-1740

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

Name of Employer Summa Emer Assoc Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : C1888200

Amount of Each Receipt this Period
 250.00

B. Mary O'Neill
Full Name (Last, First, Middle Initial)

Mailing Address 28 Burnham St

City SOmerville State MA Zip Code 02144

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

Name of Employer Orion Emergency Services Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2012

Transaction ID : C1887982

Amount of Each Receipt this Period
 100.00

c. Jorge Otero MD
Full Name (Last, First, Middle Initial)

Mailing Address 245 E Rock Rd

City State Zip Code

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 M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876080

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: (check only one)	PAGE 65 OF 108
<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. Jorge Otero MD
Full Name (Last, First, Middle Initial)

Mailing Address
245 E Rock Rd
City State Zip Code

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
12 / 26 / 2012
Transaction ID : C1889911

Amount of Each Receipt this Period
83.33

B. Jeffrey A Panozzo
Full Name (Last, First, Middle Initial)

Mailing Address 4726 Turnstone Ct
City State Zip Code
Naples FL 34119-8936

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

Name of Employer: Jeffrey A Panozzo, DO, FACEP
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
12 / 12 / 2012
Transaction ID : C1886397

Amount of Each Receipt this Period
500.00

C. Joshua R Parker
Full Name (Last, First, Middle Initial)

Mailing Address 11412 Rancho Villa Verde Pl
City State Zip Code
Las Vegas NV 89138-1594

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

Name of Employer: Emergency Medicine Physicians
Occupation: Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
11 / 28 / 2012
Transaction ID : C1876089

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	833.33
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 66 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Swapnesh M Patel

Mailing Address 314 Felspar Way

City Cary State NC Zip Code 27518-2201

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 12 / 2012
Transaction ID : C1886418

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Swapnesh M Patel

Mailing Address 314 Felspar Way

City Cary State NC Zip Code 27518-2201

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012
Transaction ID : C1889862

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. Charles F Pattavina MD, FACEP

Mailing Address 360 Broadway

City Bangor State ME Zip Code 04401

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

Name of Employer St Joseph Hosp Bangor, ME Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876088

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 67 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Charles F Pattavina MD, FACEP
 Full Name (Last, First, Middle Initial)
 Mailing Address
 360 Broadway
 City State Zip Code
 Bangor ME 04401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 St Joseph Hosp Bangor, ME Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889916
 Amount of Each Receipt this Period
 100.00

B. Lee E Payne
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Wilmington Dr
 City State Zip Code
 Burke VA 22015-4070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HQ Air Force Space Command Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876085
 Amount of Each Receipt this Period
 83.33

C. Lee E Payne
 Full Name (Last, First, Middle Initial)
 Mailing Address 6323 Wilmington Dr
 City State Zip Code
 Burke VA 22015-4070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 HQ Air Force Space Command Emergency Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889913
 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: (check only one)	PAGE 68 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Thomas J Peeters

Mailing Address 5 Wood Creek Rd

City Barrington State IL Zip Code 60010-9362

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

Name of Employer Thomas J Peeters, MD, FACEP 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 Y
12 / 31 / 2012

Transaction ID : C1891175

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. 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 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 Y
11 / 28 / 2012

Transaction ID : C1876084

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. 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 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 Y
12 / 26 / 2012

Transaction ID : C1889912

Amount of Each Receipt this Period
83.33

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 108
<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

Full Name (Last, First, Middle Initial) A. Gilbert V Pineda		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 05 / 2012 Transaction ID : C1883490
Mailing Address 1011 S Valentia St		Amount of Each Receipt this Period 250.00
City Denver	State CO	Zip Code 80247-6869
FEC ID number of contributing federal political committee. C		
Name of Employer Beacon Med Svcs	Occupation Emergency 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. Jayson Scott Podber		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876087
Mailing Address 84 Weaver St		Amount of Each Receipt this Period 100.00
City Greenwich	State CT	Zip Code 06831-5134
FEC ID number of contributing federal political committee. C		
Name of Employer Stamford Hlth Syst	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Jayson Scott Podber		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889915
Mailing Address 84 Weaver St		Amount of Each Receipt this Period 100.00
City Greenwich	State CT	Zip Code 06831-5134
FEC ID number of contributing federal political committee. C		
Name of Employer Stamford Hlth Syst	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 70 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Ericka Powell

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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 ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876086

Amount of Each Receipt this Period
83.33

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

Mailing Address 384 Spring Haven Dr

City Lancaster State PA Zip Code 17601-5193

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 ▼
1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889914

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. 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 Mid Atlantic Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
229.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889963

Amount of Each Receipt this Period
204.00

SUBTOTAL of Receipts This Page (optional).....▶	370.66
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: (check only one)	PAGE 71 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Sanjay K Premakumar		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2012
Mailing Address 1406 Shepherd St		Transaction ID : C1886419
City Durham	State NC	Zip Code 27707-1649
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) B. Sanjay K Premakumar		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012
Mailing Address 1406 Shepherd St		Transaction ID : C1889863
City Durham	State NC	Zip Code 27707-1649
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) C. Sankalp Puri		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012
Mailing Address 1449 Sterling Rd		Transaction ID : C1889968
City Charlotte	State NC	Zip Code 28209-1543
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 204.00	
Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional).....▶	404.00
TOTAL This Period (last page this line number 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 OF 108
	(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)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jennifer L Raley

Mailing Address 5408 Amsterdam Pl

City Raleigh State NC Zip Code 27606-9708

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886427

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
B. Jennifer L Raley

Mailing Address 5408 Amsterdam Pl

City Raleigh State NC Zip Code 27606-9708

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889870

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
c. Laura D Rau

Mailing Address 41 N Anguilla Rd

City N Stonington State CT Zip Code 06359-1755

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

Name of Employer Brown Med Schl Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876090

Amount of Each Receipt this Period
250.00

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: (check only one)	PAGE 73 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Laura D Rau		Date of Receipt 12 / 26 / 2012 Transaction ID : C1890634
Mailing Address 41 N Anguilla Rd		Amount of Each Receipt this Period 100.00
City N Stonington	State CT	Zip Code 06359-1755
FEC ID number of contributing federal political committee.	C	
Name of Employer Brown Med Schl	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

Full Name (Last, First, Middle Initial) B. David Rentz		Date of Receipt 12 / 28 / 2012 Transaction ID : C1889957
Mailing Address 621 Welker St		Amount of Each Receipt this Period 204.00
City Charlotte	State NC	Zip Code 28204-3031
FEC ID number of contributing federal political committee.	C	
Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

Full Name (Last, First, Middle Initial) C. Christopher R Reynolds		Date of Receipt 12 / 28 / 2012 Transaction ID : C1889956
Mailing Address 7400 Leharne Dr		Amount of Each Receipt this Period 204.00
City Charlotte	State NC	Zip Code 28270-1817
FEC ID number of contributing federal political committee.	C	
Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional).....▶	508.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Julio E Rios
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Marler Rd
AERAS

City State Zip Code
Pike Road AL 36064-3337

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

Name of Employer Occupation
Dr. Julio E Rios Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
648.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 30 / 2012
Transaction ID : C1883616

Amount of Each Receipt this Period
100.00

B. David H Rosenbaum
Full Name (Last, First, Middle Initial)

Mailing Address 2112 Fallon Oaks Ct

City State Zip Code
Raleigh NC 27608-1675

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

Name of Employer Occupation
Wake Emer Phys PA 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 Y
12 / 12 / 2012
Transaction ID : C1886431

Amount of Each Receipt this Period
25.00

C. David H Rosenbaum
Full Name (Last, First, Middle Initial)

Mailing Address 2112 Fallon Oaks Ct

City State Zip Code
Raleigh NC 27608-1675

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

Name of Employer Occupation
Wake Emer Phys PA 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 Y
12 / 28 / 2012
Transaction ID : C1889873

Amount of Each Receipt this Period
25.00

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 75 OF 108
	(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)
National Emergency Medicine Political Action Committee

A. Charles E Russell
Full Name (Last, First, Middle Initial)

Mailing Address 579 Rustic Trl

City State Zip Code
Beavercreek OH 45434-7337

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

Name of Employer Occupation
Fort Hamilton Hospital Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886399

Amount of Each Receipt this Period
250.00

B. Samy Rizkallah Saad
Full Name (Last, First, Middle Initial)

Mailing Address 300 Glade Park Rd

City State Zip Code
Cary NC 27518-8685

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

Name of Employer Occupation
Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886420

Amount of Each Receipt this Period
25.00

c. Samy Rizkallah Saad
Full Name (Last, First, Middle Initial)

Mailing Address 300 Glade Park Rd

City State Zip Code
Cary NC 27518-8685

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

Name of Employer Occupation
Wake Emer Phys PA Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889864

Amount of Each Receipt this Period
25.00

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: (check only one)	PAGE 76 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Tracy G Sanson

Mailing Address 812 Lorena Rd

City Lutz	State FL	Zip Code 33548-4589
--------------	-------------	------------------------

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

Name of Employer TEAMHealth	Occupation Emergency Physician
--------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876095

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
B. Tracy G Sanson

Mailing Address 812 Lorena Rd

City Lutz	State FL	Zip Code 33548-4589
--------------	-------------	------------------------

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

Name of Employer TEAMHealth	Occupation Emergency Physician
--------------------------------	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **999.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889921

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Joshua 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 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 Y
12 / 28 / 2012

Transaction ID : C1889962

Amount of Each Receipt this Period
204.00

SUBTOTAL of Receipts This Page (optional).....▶	370.66
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: (check only one)	PAGE 77 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Scott M Schepker		Date of Receipt
Mailing Address 919 Sherwood Dr		M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2012
City State Zip Code Jefferson Cty MO 65109-5865		Transaction ID : C1875902
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scott M Schepker , MD	Occupation Emergency 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. Nathaniel R Schlicher		Date of Receipt
Mailing Address 4615 77th Ave NW		M M M / D D D / Y Y Y Y Y Y 11 / 28 / 2012
City State Zip Code Gig Harbor WA 98335-6532		Transaction ID : C1876092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Wright State Univ	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.99	

Full Name (Last, First, Middle Initial) C. Nathaniel R Schlicher		Date of Receipt
Mailing Address 4615 77th Ave NW		M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012
City State Zip Code Gig Harbor WA 98335-6532		Transaction ID : C1889918
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Wright State Univ	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.99	

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 78 OF 108
(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

Full Name (Last, First, Middle Initial)
A. Sandra M Schneider

Mailing Address 25 Stoneham Rd

City State Zip Code
 Rochester NY 14625-1912

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

Name of Employer Occupation
 University of Rochester Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 540.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 07 / 2012

Transaction ID : C1884511

Amount of Each Receipt this Period
 90.00

Full Name (Last, First, Middle Initial)
B. Chet D Schrader

Mailing Address 944 Gibbs Xing

City State Zip Code
 Coppell TX 75019-7379

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

Name of Employer Occupation
 WA Univ Schl of Med Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 549.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876096

Amount of Each Receipt this Period
 83.33

Full Name (Last, First, Middle Initial)
c. Chet D Schrader

Mailing Address 944 Gibbs Xing

City State Zip Code
 Coppell TX 75019-7379

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

Name of Employer Occupation
 WA Univ Schl of Med Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 549.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889922

Amount of Each Receipt this Period
 83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 256.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 79 OF 108
	(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"/> 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. Jeremiah Schuur
 Full Name (Last, First, Middle Initial)
 Mailing Address 276 Huron Ave
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brigham and Women's Occupation Physicians
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 19 / 2012**
Transaction ID : C1887818
 Amount of Each Receipt this Period **500.00**

B. Christopher Ian Scott
 Full Name (Last, First, Middle Initial)
 Mailing Address 1444 Yale St
 City Santa Monica State CA Zip Code 90404-3136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Christopher Ian Scott, Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 21 / 2012**
Transaction ID : C1888187
 Amount of Each Receipt this Period **250.00**

C. Gregory L Shangold
 Full Name (Last, First, Middle Initial)
 Mailing Address 66 Beacon Hill Dr
 City Storrs Manfld State CT Zip Code 06268-2756
 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 **1200.00**

Date of Receipt **11 / 28 / 2012**
Transaction ID : C1876097
 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: (check only one)	PAGE 80 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City Storrs Manfld State CT Zip Code 06268-2756

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 ▼
1200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889923

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Stephen R Shea

Mailing Address 1050 Linden Ave
St Mary Med Ctr ER

City Long Beach State CA Zip Code 90813-3321

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

Name of Employer St Mary Med Ctr - ER Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012
Transaction ID : C1883535

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Stephen V Sherick

Mailing Address 635 Oneida St

City Denver State CO Zip Code 80220-5524

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

Name of Employer Innova Emergency Medical PC Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
252.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2012
Transaction ID : C1885240

Amount of Each Receipt this Period
84.00

SUBTOTAL of Receipts This Page (optional).....▶	1184.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Patricia D Short
 Full Name (Last, First, Middle Initial)
 Mailing Address 6038 FM 1374 Rd
 City New Waverly State TX Zip Code 77358-3926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Emerg Phys Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012
Transaction ID : C1876100
 Amount of Each Receipt this Period
 83.33

B. Patricia D Short
 Full Name (Last, First, Middle Initial)
 Mailing Address 6038 FM 1374 Rd
 City New Waverly State TX Zip Code 77358-3926
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Greater Houston Emerg Phys Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 474.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012
Transaction ID : C1889925
 Amount of Each Receipt this Period
 83.33

C. Deepika Singh
 Full Name (Last, First, Middle Initial)
 Mailing Address 609 Richardson Rd
 City Rochester State NY Zip Code 14623-1241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Brown Medical Sch 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 Y
 11 / 28 / 2012
Transaction ID : C1876102
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	416.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<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

Full Name (Last, First, Middle Initial)
A. Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer Occupation
North Shore Univ Hosp Emer Phys Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012
Transaction ID : C1876093

Amount of Each Receipt this Period
100.00

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

Mailing Address 427 Daub Ave

City State Zip Code
Hewlett NY 11557-1136

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

Name of Employer Occupation
North Shore Univ Hosp Emer Phys Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 26 / 2012
Transaction ID : C1889919

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
C. Stephen A Small

Mailing Address 721 Templeton Ave

City State Zip Code
Charlotte NC 28203-4554

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

Name of Employer Occupation
Mid Atlantic Emer Med Assoc Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
204.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012
Transaction ID : C1889970

Amount of Each Receipt this Period
204.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 404.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Virgil W Smaltz		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876101
Mailing Address 24 Bay View Ter		Amount of Each Receipt this Period 83.33
City Geneva	State NY	Zip Code 14456-9768
FEC ID number of contributing federal political committee. C		
Name of Employer Wheeling Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 914.64	

Full Name (Last, First, Middle Initial) B. Virgil W Smaltz		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889926
Mailing Address 24 Bay View Ter		Amount of Each Receipt this Period 83.33
City Geneva	State NY	Zip Code 14456-9768
FEC ID number of contributing federal political committee. C		
Name of Employer Wheeling Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 914.64	

Full Name (Last, First, Middle Initial) C. Ralph J Smith		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1889966
Mailing Address 7028 Rock Dove Ct		Amount of Each Receipt this Period 204.00
City Charlotte	State NC	Zip Code 28277-1001
FEC ID number of contributing federal political committee. C		
Name of Employer Mid Atlantic Emer Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

SUBTOTAL of Receipts This Page (optional).....▶	370.66
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: (check only one)	PAGE 84 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Rodney W Smith

Mailing Address 150 Dhu Varren Rd

City Ann Arbor State MI Zip Code 48105-9688

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

Name of Employer Emer Phys Med Grp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 05 / 2012
Transaction ID : C1883489

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Graham Edwin Snyder

Mailing Address 2520 Kenmore Dr

City Raleigh State NC Zip Code 27608-1420

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 12 / 2012
Transaction ID : C1886422

Amount of Each Receipt this Period
 25.00

Full Name (Last, First, Middle Initial)
C. Graham Edwin Snyder

Mailing Address 2520 Kenmore Dr

City Raleigh State NC Zip Code 27608-1420

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 12 / 28 / 2012
Transaction ID : C1889865

Amount of Each Receipt this Period
 25.00

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 85 OF 108
	(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"/> 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

Full Name (Last, First, Middle Initial) A. Peter Erik Sokolove			Date of Receipt
Mailing Address 3889 Exmoor Cir			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1889927
Sacramento	CA	95864-5904	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="250.00"/>
Name of Employer	Occupation		
Univ of CA - Davis	Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Robert C Solomon			Date of Receipt
Mailing Address 108 Saddle Ridge Dr			<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1876091
Oakdale	PA	15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
Steel Vly Emer Phys	Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Robert C Solomon			Date of Receipt
Mailing Address 108 Saddle Ridge Dr			<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : C1889917
Oakdale	PA	15071-3726	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="83.33"/>
Name of Employer	Occupation		
Steel Vly Emer Phys	Emergency Physician		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="416.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 108
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Ryan Stanton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 Birmingham Ln
 City Lexington State KY Zip Code 40513-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MESA Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1149.99

Date of Receipt 11 / 28 / 2012
Transaction ID : C1876094
 Amount of Each Receipt this Period 83.33

B. Ryan Stanton
 Full Name (Last, First, Middle Initial)
 Mailing Address 1229 Birmingham Ln
 City Lexington State KY Zip Code 40513-1736
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MESA Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1149.99

Date of Receipt 12 / 26 / 2012
Transaction ID : C1889920
 Amount of Each Receipt this Period 83.33

C. David F E Stuhlmiller
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hillside Ave
 City Madison State NJ Zip Code 07940-2527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Emerg Med Assoc Occupation Emergency Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 12 / 2012
Transaction ID : C1886395
 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: (check only one)	PAGE 87 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Geeta Subramaniam

Mailing Address 106 Lendl Ct

City Cary State NC Zip Code 27511-6694

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886423

Amount of Each Receipt this Period
25.00

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

Mailing Address 106 Lendl Ct

City Cary State NC Zip Code 27511-6694

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

Name of Employer Wake Emer Phys PA Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889866

Amount of Each Receipt this Period
25.00

Full Name (Last, First, Middle Initial)
C. 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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876099

Amount of Each Receipt this Period
100.00

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: (check only one)	PAGE 88 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Brian Sutton		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889924
Mailing Address 47 Stephanie Ln		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Terence J Sweeney		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : C1883554
Mailing Address 925 Carolyn Ave		Amount of Each Receipt this Period 25.00
City Modesto	State CA	Zip Code 95350-5209
FEC ID number of contributing federal political committee. C		
Name of Employer Memorial Medical Center ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 566.40	

Full Name (Last, First, Middle Initial) C. Paul Swiersz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 12 / 2012 Transaction ID : C1886424
Mailing Address 807 Landuff Ct		Amount of Each Receipt this Period 25.00
City Cary	State NC	Zip Code 27519-8837
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

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: (check only one)	PAGE 89 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Paul Swiersz		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1889867
Mailing Address 807 Landuff Ct		Amount of Each Receipt this Period 25.00
City Cary	State NC	Zip Code 27519-8837
FEC ID number of contributing federal political committee. C		
Name of Employer Wake Emer Phys PA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Joseph Adrian Tyndall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2012 Transaction ID : C1885806
Mailing Address PO Box 10186 Univ of FL - Dept of EM		Amount of Each Receipt this Period 83.33
City Gainesville	State FL	Zip Code 32610-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of FL - Dept of EM	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

Full Name (Last, First, Middle Initial) C. Joseph Adrian Tyndall		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 31 / 2012 Transaction ID : C1891242
Mailing Address PO Box 10186 Univ of FL - Dept of EM		Amount of Each Receipt this Period 83.33
City Gainesville	State FL	Zip Code 32610-0001
FEC ID number of contributing federal political committee. C		
Name of Employer Univ of FL - Dept of EM	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.31	

SUBTOTAL of Receipts This Page (optional).....▶	191.66
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 90 OF 108
	(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)
National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial) A. Bradley J Uren		Date of Receipt
Mailing Address 8115 Pettysville Rd		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pinckney	MI	48169-8281
FEC ID number of contributing federal political committee.		Transaction ID : C1876103
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Univ of MI	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Bradley J Uren		Date of Receipt
Mailing Address 8115 Pettysville Rd		<input type="text" value="12"/> / <input type="text" value="26"/> / <input type="text" value="2012"/>
City	State	Zip Code
Pinckney	MI	48169-8281
FEC ID number of contributing federal political committee.		Transaction ID : C1889928
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="83.33"/>
Name of Employer	Occupation	
Univ of MI	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="249.99"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michael J Utecht		Date of Receipt
Mailing Address 8608 Humie Olive Rd		<input type="text" value="12"/> / <input type="text" value="12"/> / <input type="text" value="2012"/>
City	State	Zip Code
Apex	NC	27502-8976
FEC ID number of contributing federal political committee.		Transaction ID : C1886425
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
Name of Employer	Occupation	
Wake Emer Phys PA	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="191.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Michael J Utecht		Date of Receipt M M / D D / Y Y Y Y Y 12 / 28 / 2012 Transaction ID : C1889868
Mailing Address 8608 Humie Olive Rd		Amount of Each Receipt this Period 25.00
City Apex	State NC	Zip Code 27502-8976
FEC ID number of contributing federal political committee. C	Name of Employer Wake Emer Phys PA	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Allin Cornelius Vesa		Date of Receipt M M / D D / Y Y Y Y Y 11 / 28 / 2012 Transaction ID : C1876104
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C	Name of Employer Piedmont Emerg Med Assoc	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) C. Allin Cornelius Vesa		Date of Receipt M M / D D / Y Y Y Y Y 12 / 26 / 2012 Transaction ID : C1889929
Mailing Address 180 Greyfriars Rd		Amount of Each Receipt this Period 83.33
City Mooresville	State NC	Zip Code 28117-7333
FEC ID number of contributing federal political committee. C	Name of Employer Piedmont Emerg Med Assoc	Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

SUBTOTAL of Receipts This Page (optional).....▶	191.66
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: (check only one)	PAGE 92 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Cynthia Paige Waslewski
Full Name (Last, First, Middle Initial)

Mailing Address 9811 N 131st Pl

City Scottsdale State AZ Zip Code 85259-5324

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

Name of Employer Scottsdale Emer Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012

Transaction ID : C1883493

Amount of Each Receipt this Period
 1000.00

B. Bradley Alan Watling
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Ln

City Mooresville State NC Zip Code 28117-7558

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 ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876106

Amount of Each Receipt this Period
 83.33

C. Bradley Alan Watling
Full Name (Last, First, Middle Initial)

Mailing Address 109 Viewpoint Ln

City Mooresville State NC Zip Code 28117-7558

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 ▼ 249.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889930

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: (check only one)	PAGE 93 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Ian R Welsh		Date of Receipt
Mailing Address 1027 Gardenia St		<input type="text" value="11"/> / <input type="text" value="28"/> / <input type="text" value="2012"/>
City	State	Zip Code
Fort Mill	SC	29708-5712
FEC ID number of contributing federal political committee.		Transaction ID : C1876105
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
OUCOM/Doctors Hosp	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas J Wigboldy		Date of Receipt
Mailing Address 4122 Lawn Ave		<input type="text" value="12"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Western Sprgs	IL	60558-1440
FEC ID number of contributing federal political committee.		Transaction ID : C1888182
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Palos Community Hospital	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Robert H Winokur		Date of Receipt
Mailing Address 14 S Peak		<input type="text" value="12"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code
Laguna Niguel	CA	92677-2903
FEC ID number of contributing federal political committee.		Transaction ID : C1890551
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Mission Hosp Regl Med Ctr	Emergency Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Robert H Winokur
Full Name (Last, First, Middle Initial)

Mailing Address 14 S Peak

City Laguna Niguel State CA Zip Code 92677-2903

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

Name of Employer Mission Hosp Regl Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2012

Transaction ID : C1891185

Amount of Each Receipt this Period
 250.00

B. Mark E Winther
Full Name (Last, First, Middle Initial)

Mailing Address 219 Bibik Rd

City Richfld Spgs State NY Zip Code 13439-4541

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

Name of Employer Albany Med Ctr Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012

Transaction ID : C1883477

Amount of Each Receipt this Period
 500.00

C. Richard W Wolfe
Full Name (Last, First, Middle Initial)

Mailing Address 33214 Old Post Rd

City Niles State MI Zip Code 49120-7773

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

Name of Employer Dr. Richard W Wolfe Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 05 / 2012

Transaction ID : C1883492

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: (check only one)	PAGE 95 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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. Thaddeus D Woods
Full Name (Last, First, Middle Initial)

Mailing Address 9941 Essex Dr

City Omaha State NE Zip Code 68114-3873

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

Name of Employer Critical Care Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 21 / 2012

Transaction ID : C1888184

Amount of Each Receipt this Period
 1500.00

B. W Matthew Zban
Full Name (Last, First, Middle Initial)

Mailing Address 4300 Stourton Ln

City Charlotte State NC Zip Code 28226-2609

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

Name of Employer Mid Atlantic Emer Med Assoc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 28 / 2012

Transaction ID : C1889974

Amount of Each Receipt this Period
 204.00

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

Mailing Address 8127 SW 54th Ave

City Portland State OR Zip Code 97219-3204

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

Name of Employer Silvertown Hospital Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 297.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 30 / 2012

Transaction ID : C1883628

Amount of Each Receipt this Period
 8.00

SUBTOTAL of Receipts This Page (optional).....▶	1712.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 108
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Kate D Zimmerman

Mailing Address 39 Vesper St

City Portland State ME Zip Code 04101-4416

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

Name of Employer Maine Medical Center 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 Y
 12 / 31 / 2012

Transaction ID : C1891176

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

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 ▼ **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 28 / 2012

Transaction ID : C1876107

Amount of Each Receipt this Period
83.33

Full Name (Last, First, Middle Initial)
C. Andrew R Zinkel

Mailing Address 5215 Beard Ave S

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 ▼ **249.99**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889931

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional).....▶	666.66
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 97 OF 108
(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 Zwank

Mailing Address 2131 Pinehurst Ave

City State Zip Code
 Saint Paul MN 55116-1318

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

Name of Employer Occupation
 Regions Hosp ED 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 Y
 12 / 05 / 2012
Transaction ID : C1883541

Amount of Each Receipt this Period
 500.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

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
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	42362.47

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

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

FOR LINE NUMBER: PAGE 98 OF 108
(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. SMITH BARNEY
 Full Name (Last, First, Middle Initial)
 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 ▼
 1908.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2012
Transaction ID : C1913472
 Amount of Each Receipt this Period
 1084.27

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
 M M / D D / Y Y Y Y Y Y
 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
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1084.27
TOTAL This Period (last page this line number only).....▶	1084.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY MAJORITY FUND

Mailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **annual contribution**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 05 / 2012

Transaction ID : D139789

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 21ST CENTURY MAJORITY FUND

Mailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
VOID CK#8530

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **VOID CK#8530**

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2012

Transaction ID : D139943

Amount of Each Disbursement this Period

-1000.00

VOID CK#8530

Full Name (Last, First, Middle Initial)

C. Bera 2012 Victory Fund

Mailing Address P.O. Box 582496

City Elk Grove State PA Zip Code 95758

Purpose of Disbursement
VOID CK#8523

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) **Recount**

State: CA District: 07

Date of Disbursement

MM / DD / YYYY
12 / 28 / 2012

Transaction ID : D139945

Amount of Each Disbursement this Period

-2500.00

VOID CK#8523

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:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress 2012 Committee

Mailing Address 79-925 Fred Waring Drive
Suite 201

City State Zip Code
Palm Desert CA 92260

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Raul Ruiz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
General Debt Retirem

State: CA District: 36

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 05 / 2012

Transaction ID : D139770

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Mailing Address PO Box 61

City State Zip Code
Cheshire CT 06410

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 Primary Debt

State: CT District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 19 / 2012

Transaction ID : D139912

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeanne Shaheen

Mailing Address PO BOX 1510

City State Zip Code
MANCHESTER NH 03105

Purpose of Disbursement
VOID CK#8410

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 28 / 2012

Transaction ID : D139942

Amount of Each Disbursement this Period

-1000.00

VOID CK#8410

SUBTOTAL of Disbursements This Page (optional)..... ▶

6500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville State PA Zip Code 19375

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Joseph R. Pitts

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2012			

Transaction ID : D139917

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Warner

Mailing Address 10 G St NE
Ste 570

City Washington State DC Zip Code 20002-4268

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Mark Warner

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2012			

Transaction ID : D139918

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Heidi for Senate

Mailing Address 420 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: ND District: 2012 General Debt re

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2012			

Transaction ID : D139906

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)

<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

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

Full Name (Last, First, Middle Initial)

A. HELLER for Senate

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Dean Heller

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2012			

Transaction ID : D139905

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. IMPACT

Mailing Address 220 I St NE
Ste 250

City Washington State DC Zip Code 20002-4693

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			05			2012			

Transaction ID : D139790

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. PIONEER PAC

Mailing Address 217 Third Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Annual contribution

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2012			

Transaction ID : D139597

Amount of Each Disbursement this Period

5000.00

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)

<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

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

Full Name (Last, First, Middle Initial)

A. GARAMENDI FOR CONGRESS

Mailing Address C/O CALIFORNIA POLITICAL LAW, INC.

City State Zip Code
LONG BEACH CA 90807

Purpose of Disbursement
Contributions for federal Candidates

011

Candidate Name

Rep. John Garamendi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt

State: CA District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2012

Transaction ID : D139910

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. MIKE MCINTYRE FOR CONGRESS

Mailing Address P.O. Box 1

City State Zip Code
Lumberton NC 28359

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Mike McIntyre

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt

State: NC District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2012

Transaction ID : D139911

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Richard Hudson for Congress

Mailing Address PO Box 5053

City State Zip Code
Concord NC 28027-1500

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		19		2012

Transaction ID : D139908

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

6500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Rothfus for Congress

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2012			

Transaction ID : D139909

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Rubio/Reclaim America Joint Committee

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Annual contribution

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2012			

Transaction ID : D139915

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Rubio/Reclaim America Joint Committee

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
VOID CK#8542

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
VOID CK#8542

State: FL District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			28			2012			

Transaction ID : D139941

Amount of Each Disbursement this Period

-2500.00

VOID CK#8542

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. UDALL FOR US ALL

Mailing Address 303 Massachusetts Ave., NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Tom Udall

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NM District: 00

Date of Disbursement

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

Transaction ID : D139914

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Takano for Congress

Mailing Address PO Box 5214

City Riverside State CA Zip Code 92517-5214

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 General Debt

State: CA District: 41

Date of Disbursement

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

Transaction ID : D139907

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Team Emerson For Jo Ann Emerson

Mailing Address PO Box 822
P.O. Box 822

City Cape Girardeau State MO Zip Code 63702

Purpose of Disbursement
VOID CK#8363

Category/
Type

Candidate Name

Rep. Jo Ann Emerson

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: MO District: 08

Date of Disbursement

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

Transaction ID : D139944

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

VOID CK#8363

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0	0	0	0	0

1	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Thoroughbred PAC

Mailing Address 700 12th Street, NW
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Annual contribution

State: District:

Date of Disbursement

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

Transaction ID : D139916

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Tom Rice for Congress

Mailing Address 1107 48th Ave N
Ste 210

City Myrtle Beach State SC Zip Code 29577-5443

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
2012 Primary Debt

State: District:

Date of Disbursement

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

Transaction ID : D139913

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--

SUBTOTAL of Disbursements This Page (optional)..... ▶

5	0	0	0	.	0	0
---	---	---	---	---	---	---

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

3	6	0	0	.	0	0
---	---	---	---	---	---	---

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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

Full Name (Last, First, Middle Initial)

A. Dr. Mark N Bair

Mailing Address 6048 W Dry Crk Cir
Mark N Bair MD PC

City Highland State UT Zip Code 84003-3017

Purpose of Disbursement
RFND TO MEMBER

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2012

Transaction ID : D139863

Amount of Each Disbursement this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

100.00

100.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. 3 Dog Consulting

Mailing Address 104 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement
Travel Expenses - NRCC Event

002

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 28 / 2012

Transaction ID : D139596

Amount of Each Disbursement this Period

875.00

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
Bank Fees Nov 2012

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 30 / 2012

Transaction ID : D139969

Amount of Each Disbursement this Period

755.95

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement
DEC BANK FEES

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 31 / 2012

Transaction ID : D140235

Amount of Each Disbursement this Period

274.39

SUBTOTAL of Disbursements This Page (optional)..... ▶

1905.34

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

1905.34