

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Type or Print Name of Treasurer Phyllis Edans CPA, CAE

Signature of Treasurer

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

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

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 27 / 2012 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y
11 27 2012

To:

M M / D D / Y Y Y Y Y
12 31 2012
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:
(check only one)

PAGE 6 OF 108

☒ 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. James B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 30 / 2012

Transaction ID : C1883565

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Peter G Anderson

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

11 / 30 / 2012

Transaction ID : C1883549

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Peter G Anderson

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

12 / 18 / 2012

Transaction ID : C1887816

Amount of Each Receipt this Period

150.00

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

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

350.00

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"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Oliver Ashwood

Mailing Address 8 Pumpkin Patch Rd

City

Woodbridge

State

CT

Zip Code

06525-2523

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Cln-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Cln-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S Auerbach

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : C1883364

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Christopher Bannigan

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1883542

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Brien Alfred Barnewolt

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.21

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gay Benevides

Mailing Address 107 Perth Ct

City State Zip Code
 Cary NC 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 / D D / 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 State Zip Code
 Cary NC 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 / D D / 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 State Zip Code
 Cary NC 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 / D D / 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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jill Lynn Benson

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
 12 28 2012

Transaction ID : C1889849

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Andrew I Bern

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
 11 28 2012

Transaction ID : C1876027

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Andrew I Bern

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
 12 26 2012

Transaction ID : C1889878

Amount of Each Receipt this Period

83.33

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

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

191.66

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

PAGE 11 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State Univ/Detroit Rec

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
11 / 28 / 2012

Transaction ID : C1876030

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City

Ann Arbor

State

MI

Zip Code

48105-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State Univ/Detroit Rec

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
12 / 26 / 2012

Transaction ID : C1889879

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. 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 / D D / Y Y Y Y Y
11 / 28 / 2012

Transaction ID : C1876034

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas A Brant

Mailing Address 8823 Taunton Dr

City

Huntersville

State

NC

Zip Code

28078-8513

FEC ID number of contributing
federal political committee.

C

Name of Employer

MEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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

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

Chapel Hill

State

NC

Zip Code

27516-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

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

Chapel Hill

State

NC

Zip Code

27516-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

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 PageFOR LINE NUMBER:
(check only one)

PAGE 14 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			

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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

Montgomery

State

AL

Zip Code

36117-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of AL Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

Montgomery

State

AL

Zip Code

36117-6000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of AL Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

Clarendon Hls

State

IL

Zip Code

60514-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory Cannon

Mailing Address 129 Loch Pointe Dr

City State Zip Code
 Cary NC 27518-8418

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
 12 12 2012

Transaction ID : C1886405

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Gregory Cannon

Mailing Address 129 Loch Pointe Dr

City State Zip Code
 Cary NC 27518-8418

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
 12 28 2012

Transaction ID : C1889850

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Michael C Christopher

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

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1876046

Amount of Each Receipt this Period

83.33

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889885

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jerfi David Cicin

Mailing Address 104 Corsica Ln

City

Cary

State

NC

Zip Code

27511-6476

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
12 / 12 / 2012

Transaction ID : C1886406

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jerfi David Cicin

Mailing Address 104 Corsica Ln

City

Cary

State

NC

Zip Code

27511-6476

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
12 / 28 / 2012

Transaction ID : C1889851

Amount of Each Receipt this Period

25.00

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

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

133.33

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

OakCare Med Grp Inc

Occupation

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

OakCare Med Grp Inc

Occupation

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

Denver Hlth Med Ctr

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 : 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:
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey J Cook

Mailing Address 2520 Umbria Ct

City

State

Zip Code

Apex

NC

27502-9618

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
12 / 12 / 2012

Transaction ID : C1886429

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Jeffrey J Cook

Mailing Address 2520 Umbria Ct

City

State

Zip Code

Apex

NC

27502-9618

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
12 / 28 / 2012

Transaction ID : C1889872

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Robert Raymond Cooney

Mailing Address 210 Concord St

City

State

Zip Code

Indiana

PA

15701-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Allegheny Gen Hos

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 : C1875924

Amount of Each Receipt this Period

250.00

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ben C Corballis

Mailing Address 906 Greenhill Ave

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 29 / 2012

Transaction ID : C1883550

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Robert J Cox

Mailing Address 817 Thomaston St

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 28 / 2012

Transaction ID : C1875922

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James Michael Cusick

Mailing Address 1077 Race St

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1025.00

Date of Receipt

11 / 28 / 2012

Transaction ID : C1876043

Amount of Each Receipt this Period

83.33

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

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

433.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Michael Cusick

Mailing Address 1077 Race St

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:

☐ Primary
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

B. Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

c. Sydney E DeAngelis

Mailing Address 55 Araca Rd

City

Babylon

State

NY

Zip Code

11702-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

416.66

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

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

FOR LINE NUMBER:
(check only one)

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

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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

Babylon

State

NY

Zip Code

11702-4405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889886

Amount of Each Receipt this Period

833.33

Full Name (Last, First, Middle Initial)

B. Robert A Di Lorenzo

Mailing Address 4734 Cypress Ford Dr

City

Fuquay Varina

State

NC

Zip Code

27526-9081

FEC ID number of contributing
federal political committee.

C

Name of Employer

Raleigh Emer Med Assoc Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y 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

Defiance

State

MO

Zip Code

63341-1726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hanibal Regional Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 21 / 2012

Transaction ID : C1888193

Amount of Each Receipt this Period

500.00

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

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

833.33

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reva Dubin

Mailing Address 547 Park Rd

City

Mays Landing

State

NJ

Zip Code

08330-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer

atlantic emergency associtaes

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 10 / 2012

Transaction ID : C1886400

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Olly C Duckett

Mailing Address 325 Meeting House Cir

City

Raleigh

State

NC

Zip Code

27615-3133

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 : C1886407

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Olly C Duckett

Mailing Address 325 Meeting House Cir

City

Raleigh

State

NC

Zip Code

27615-3133

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 / 28 / 2012

Transaction ID : C1889852

Amount of Each Receipt this Period

25.00

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Dwyer

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

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1890552

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mark R Dziedzic

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

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1888168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Irv E Edwards MD, FACEP

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

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889888

Amount of Each Receipt this Period

375.00

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

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

725.00

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID : C1876051

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889887

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Claudine S Feliciano

Mailing Address 639 Bobwhite Ln

City

New Lenox

State

IL

Zip Code

60451-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Macomb-Warren Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : C1876056

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**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John T Finnell II

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

Transaction ID : C1876054

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John T Finnell II

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 / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889890

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. 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

M M / D D / 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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City

State

Zip Code

Tomball

TX

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Meth Willowbrook Hosp ED

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1059.99

Date of Receipt

M M / D D / Y Y Y Y Y
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

State

Zip Code

Lubbock

TX

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Covenant Med Grp

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
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

State

Zip Code

Lubbock

TX

79424-0814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Covenant Med Grp

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889891

Amount of Each Receipt this Period

83.33

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

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

249.99

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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
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
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

Mooreville

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
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**

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Gig Harbor

State

WA

Zip Code

98332-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Johns Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Powell

State

OH

Zip Code

43065-7650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

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:

☐ 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 : C1876058

Amount of Each Receipt this Period

100.00

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Stephen Gallea

Mailing Address PO Box 6622

City
HelenaState
MTZip Code
59604-6622FEC ID number of contributing
federal political committee.

C

Name of Employer
c/o Lopach & CarparelliOccupation
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
12			26			2012			

Transaction ID : C1889894

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City
GrapevineState
TXZip Code
76051-7100FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TXOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

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

Transaction ID : C1876060

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City
GrapevineState
TXZip Code
76051-7100FEC ID number of contributing
federal political committee.

C

Name of Employer
UTMB Univ of TXOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2012			

Transaction ID : C1889892

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)
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Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Adrian S Garmentani

Mailing Address 18606 John Connor Rd

City

Cornelius

State

NC

Zip Code

28031-7673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Atlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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

Full Name (Last, First, Middle Initial)

B. Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Beach

State

CA

Zip Code

90254-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harbor UCLA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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

Full Name (Last, First, Middle Initial)

C. Nizar M Ghuneim

Mailing Address 606 Whippoorwill Ln

City

Concord

State

NC

Zip Code

28025-9174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Atlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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

658.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cai Glushak

Mailing Address 1432 W Catalpa Ave

City

Chicago

State

IL

Zip Code

60640-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

AXA Assistance USA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : C1876057

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Cai Glushak

Mailing Address 1432 W Catalpa Ave

City

Chicago

State

IL

Zip Code

60640-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

AXA Assistance USA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889893

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eric Goldlust

Mailing Address 29 Pratt St

City

Providence

State

RI

Zip Code

02906-1424

FEC ID number of contributing
federal political committee.

C

Name of Employer

UEMF

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 / 12 / 2012

Transaction ID : C1886391

Amount of Each Receipt this Period

250.00

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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
☐ Other (specify) ▼

General

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
☐ Other (specify) ▼

General

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
☐ Other (specify) ▼

General

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)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrea L Green

Mailing Address 22428 Springflower Dr

City State Zip Code
 Golden CO 80401-8033

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / 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 State Zip Code
 Belton TX 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
 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 State Zip Code
 Holly Springs NC 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
 12 12 2012

Transaction ID : C1886408

Amount of Each Receipt this Period

25.00

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

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

425.00

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Amy Griffin

Mailing Address 220 Midden Way

City State Zip Code
 Holly Springs NC 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
 12 28 2012

Transaction ID : C1889853

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Pamela R Guoth

Mailing Address 1800 E Pecan Ave

City State Zip Code
 Bastrop LA 71220-5214

FEC ID number of contributing federal political committee.

C

Name of Employer
 St Frances Med Ctr

Occupation
 Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1886390

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. John F Gwin

Mailing Address 3687 Encanto Dr

City State Zip Code
 Ft Worth TX 76109-3545

FEC ID number of contributing federal political committee.

C

Name of Employer
 Pediatric Emerg Grp PA

Occupation
 Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1875906

Amount of Each Receipt this Period

250.00

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

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

1275.00

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)

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

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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
Seattle

State
WA

Zip Code
98122-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y 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
Seattle

State
WA

Zip Code
98122-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y 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
Severna Park

State
MD

Zip Code
21146-4642

FEC ID number of contributing
federal political committee.

C

Name of Employer

Anne Arundel Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y 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)..... ►

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

266.66

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 36 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PJ Hamilton-Gaertner

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

Full Name (Last, First, Middle Initial)

B. PJ Hamilton-Gaertner

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

Full Name (Last, First, Middle Initial)

C. Paul H Harris

Mailing Address 756 Byrnywyck 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)..... ►

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

300.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 37 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			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles W Henrichs III

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
☐ Other (specify) ▼

General

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 : C1876067

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Justin P Hensley

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.99

Date of Receipt

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

Transaction ID : C1876063

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Justin P Hensley

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.99

Date of Receipt

M M M	/	D 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: PAGE 38 OF 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hollis R Hilty

Mailing Address 4812 Firebrook Blvd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1890613

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

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:

☐ 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 : C1876064

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Timothy Hodge

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

Transaction ID : C1876066

Amount of Each Receipt this Period

125.00

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

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

408.33

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Hodge

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 / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889899

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Hans Roberts House

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

Transaction ID : C1876065

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Hans Roberts House

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 / D D / 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)..... ►

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

325.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D Hoyle Jr

Mailing Address 7719 Forest Ct NE

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			17			2012			

Transaction ID : C1887800

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1516.65

Date of Receipt

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

Transaction ID : C1876069

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1516.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2012			

Transaction ID : C1889900

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy James Johnson

Mailing Address 6609 Southdale Rd

City

Minneapolis

State

MN

Zip Code

55435-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerg Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 07 / 2012

Transaction ID : C1886492

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Timothy James Johnson

Mailing Address 6609 Southdale Rd

City

Minneapolis

State

MN

Zip Code

55435-1650

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerg Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1891170

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Jason Paul Jones

Mailing Address 2897 Carmelo Dr

City

Henderson

State

NV

Zip Code

89052-4072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of KY Chandler Med Ctr

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 : C1876071

Amount of Each Receipt this Period

250.00

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

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

850.00

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1876070

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889902

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Nicholas John Jouriles

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
11 / 28 / 2012

Transaction ID : C1876068

Amount of Each Receipt this Period

83.33

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

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

283.33

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 43 OF 108
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nicholas John Jouriles

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	26	/	2012

Transaction ID : C1889901

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Steven B Kailes

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1149.99

Date of Receipt

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

Transaction ID : C1876073

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Steven B Kailes

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1149.99

Date of Receipt

M M	/	D D	/	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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 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
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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
☐ Other (specify) ▼

General

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
☐ Other (specify) ▼

General

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
☐ Other (specify) ▼

General

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gautam Khandelwal

Mailing Address 3229 Corsham Dr

City

State

Zip Code

Apex

NC

27539-5729

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
12 / 12 / 2012

Transaction ID : C1886410

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Gautam Khandelwal

Mailing Address 3229 Corsham Dr

City

State

Zip Code

Apex

NC

27539-5729

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
12 / 28 / 2012

Transaction ID : C1889855

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ryan D Kirkpatrick

Mailing Address 3914 Croisan Mountain Dr S

City

State

Zip Code

Salem

OR

97302-3644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Dr. Ryan D Kirkpatrick

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 / 19 / 2012

Transaction ID : C1889932

Amount of Each Receipt this Period

250.00

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Daniel Kivela

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

Full Name (Last, First, Middle Initial)

B. Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

11 / 28 / 2012

Transaction ID : C1876072

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

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)..... ►

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

416.66

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

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

FOR LINE NUMBER: PAGE 47 OF 108

(check only one)

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

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

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

Transaction ID : C1876074

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Brian Alan Krakover

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

M	M	/	D	D	/	Y	Y	Y	Y
12			26			2012			

Transaction ID : C1889905

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. 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

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

Transaction ID : C1886411

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: PAGE 48 OF 108

(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anita J L'Italien

Mailing Address 1085 Tacketts Pond Dr

City	State	Zip Code
Raleigh	NC	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

M M	/	D D	/	Y Y Y Y
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	State	Zip Code
Raleigh	NC	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

M M	/	D D	/	Y Y Y Y
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	State	Zip Code
Raleigh	NC	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

M M	/	D D	/	Y Y Y Y
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: PAGE 49 OF 108

(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wilson Wong Lem

Mailing Address 1901 Mason St

City	State	Zip Code
San Francisco	CA	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

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

Transaction ID : C1890562

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Allison Levi

Mailing Address 814 Cowper Dr

City	State	Zip Code
Raleigh	NC	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

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

Transaction ID : C1886433

Amount of Each Receipt this Period

20.00

Full Name (Last, First, Middle Initial)

C. Allison Levi

Mailing Address 814 Cowper Dr

City	State	Zip Code
Raleigh	NC	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

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

Transaction ID : C1889875

Amount of Each Receipt this Period

20.00

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

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

140.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 50 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heather K Lewis

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

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

Transaction ID : C1886434

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Heather K Lewis

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

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

Transaction ID : C1889876

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Thomas G Lewis

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

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

Transaction ID : C1875905

Amount of Each Receipt this Period

250.00

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

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

300.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 51 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexis Lieser

Mailing Address PO Box 51

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

340.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 14 / 2012

Transaction ID : C1886919

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Timothy E Lietz

Mailing Address 7331 Baltusrol Ln

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

304.00

Date of Receipt

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

Transaction ID : C1889973

Amount of Each Receipt this Period

204.00

Full Name (Last, First, Middle Initial)

C. Harry Marette Little

Mailing Address 294 Holly Ln

City

Mocksville

State

NC

Zip Code

27028-2907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Atlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

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

Transaction ID : C1889959

Amount of Each Receipt this Period

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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David Locascio

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

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

Transaction ID : C1889958

Amount of Each Receipt this Period

204.00

Full Name (Last, First, Middle Initial)

B. Ralph K Losey

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

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889906

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Bruce Alan MacLeod

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

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

Transaction ID : C1876014

Amount of Each Receipt this Period

500.00

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

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

954.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anil K Mahajan

Mailing Address 15528 Thompson Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889847

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Donald Blair Maisel

Mailing Address 4875 Venner Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 29 / 2012

Transaction ID : C1890536

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. 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 / D D / Y Y Y Y Y Y
12 / 12 / 2012

Transaction ID : C1886413

Amount of Each Receipt this Period

25.00

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

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

375.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	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 Manring

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	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:
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 / D D / Y Y Y Y Y
12 / 28 / 2012

Transaction ID : C1889859

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID : C1876015

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

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

Transaction ID : C1876077

Amount of Each Receipt this Period

100.00

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

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

225.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David T Maxwell

Mailing Address 1138 Bridle Dr

City

Richland

State

WA

Zip Code

99352-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. David T Maxwell

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

298.00

Date of Receipt

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

Transaction ID : C1886495

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Rodney L McCaskill

Mailing Address 3120 Whitehart Ln

City

Apex

State

NC

Zip Code

27539-5683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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 : C1886428

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. Rodney L McCaskill

Mailing Address 3120 Whitehart Ln

City

Apex

State

NC

Zip Code

27539-5683

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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 : C1889871

Amount of Each Receipt this Period

25.00

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

58.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 57 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
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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

Chapel Hill

State

NC

Zip Code

27514-9576

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
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

Chapel Hill

State

NC

Zip Code

27514-9576

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
12			28			2012			

Transaction ID : C1889860

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Jonathon McGarryMailing Address 102 E Lake Mead Pkwy
St Rose Dominican Hosp

City

Henderson

State

NV

Zip Code

89015-5575

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Rose Dominican Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
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

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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 / D D / 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 / D D / 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 / D D / 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)..... ►

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

191.66

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

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 : C1889861

Amount of Each Receipt this Period

25.00

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

Dr. Anita S Miller

Occupation

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

Yakima Mem Hosp

Occupation

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)..... ►

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

400.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New York

State Zip Code
NY 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

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

Transaction ID : C1876076

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New York

State Zip Code
NY 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

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889907

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jason A Mutch

Mailing Address 18210 Nautique Dr

City
Cornelius

State Zip Code
NC 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

M M / D D / Y Y Y Y Y
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:
(check only one)

PAGE 61 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

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 ▼

600.00

Date of Receipt

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

Transaction ID : C1886432

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

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 ▼

600.00

Date of Receipt

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

Transaction ID : C1889874

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

C. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

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

Transaction ID : C1876081

Amount of Each Receipt this Period

125.00

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

225.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 62 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889910

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1876082

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889909

Amount of Each Receipt this Period

83.33

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

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

291.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City

Charlotte

State

NC

Zip Code

28226-8512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Atlantic Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

12 / 28 / 2012

Transaction ID : C1889961

Amount of Each Receipt this Period

252.00

Full Name (Last, First, Middle Initial)

B. Jason T Nomura

Mailing Address 1014 Old Forge Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

12 / 05 / 2012

Transaction ID : C1883488

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeremiah O'Shea

Mailing Address 20692 Creekside Dr

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 28 / 2012

Transaction ID : C1876083

Amount of Each Receipt this Period

25.00

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

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

1277.00

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

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

FOR LINE NUMBER: PAGE 64 OF 108

(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marcus Obeius

Mailing Address 4360 Idlebrook Dr

City	State	Zip Code
Akron	OH	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

Full Name (Last, First, Middle Initial)

B. Mary O'Neill

Mailing Address 28 Burnham St

City	State	Zip Code
SOMerville	MA	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

Full Name (Last, First, Middle Initial)

c. Jorge Otero MD

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 108

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jorge Otero MD

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889911

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jeffrey A Panozzo

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1886397

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joshua R Parker

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

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Detailed Summary Page

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Swapnesh M Patel

Mailing Address 314 Felspar Way

City State Zip Code
 Cary NC 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 / D D / 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 State Zip Code
 Cary NC 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 / D D / 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 State Zip Code
 Bangor ME 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 / D D / 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)
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Detailed Summary Page

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889916

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Lee E Payne

Mailing Address 6323 Wilmington Dr

City

Burke

State

VA

Zip Code

22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1876085

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Lee E Payne

Mailing Address 6323 Wilmington Dr

City

Burke

State

VA

Zip Code

22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889913

Amount of Each Receipt this Period

83.33

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

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

266.66

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

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

National Emergency Medicine Political Action Committee

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)..... ►

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

666.66

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gilbert V Pineda

Mailing Address 1011 S Valentia St

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID : C1883490

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jayson Scott Podber

Mailing Address 84 Weaver St

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1876087

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Jayson Scott Podber

Mailing Address 84 Weaver St

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:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 26 / 2012

Transaction ID : C1889915

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:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

229.00

Date of Receipt

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)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

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 ▼

1200.00

Date of Receipt

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

Transaction ID : C1886419

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

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 ▼

1200.00

Date of Receipt

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

Transaction ID : C1889863

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sankalp Puri

Mailing Address 1449 Sterling Rd

City

Charlotte

State

NC

Zip Code

28209-1543

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
12 / 28 / 2012

Transaction ID : C1889968

Amount of Each Receipt this Period

204.00

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

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

404.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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 / 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 / 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 / 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)..... ►

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

300.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1890634

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David Rentz

Mailing Address 621 Welker St

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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

Transaction ID : C1889957

Amount of Each Receipt this Period

204.00

Full Name (Last, First, Middle Initial)

c. Christopher R Reynolds

Mailing Address 7400 Leharne Dr

City

Charlotte

State

NC

Zip Code

28270-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mid Atlantic 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
12 / 28 / 2012

Transaction ID : C1889956

Amount of Each Receipt this Period

204.00

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

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

508.00

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

Use separate schedule(s)
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(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Julio E Rios

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

648.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
11			30			2012			

Transaction ID : C1883616

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. David H Rosenbaum

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1886431

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

c. David H Rosenbaum

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1889873

Amount of Each Receipt this Period

25.00

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

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

150.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles E Russell

Mailing Address 579 Rustic Trl

City

Beavercreek

State

OH

Zip Code

45434-7337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Hamilton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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

Full Name (Last, First, Middle Initial)

B. Samy Rizkallah Saad

Mailing Address 300 Glade Park Rd

City

Cary

State

NC

Zip Code

27518-8685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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

Full Name (Last, First, Middle Initial)

C. Samy Rizkallah Saad

Mailing Address 300 Glade Park Rd

City

Cary

State

NC

Zip Code

27518-8685

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tracy G Sanson

Mailing Address 812 Lorena Rd

City

State

Zip Code

Lutz

FL

33548-4589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TEAMHealth

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

999.99

Date of Receipt

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

State

Zip Code

Lutz

FL

33548-4589

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

TEAMHealth

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

999.99

Date of Receipt

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

State

Zip Code

Huntersville

NC

28078-9257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mid Atlantic Emer Med Assoc

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

204.00

Date of Receipt

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 PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Scott M Schepker

Mailing Address 919 Sherwood Dr

City

Jefferson Cty

State

MO

Zip Code

65109-5865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott M Schepker , MD

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
11		28		2012

Transaction ID : C1875902

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Univ

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
11		28		2012

Transaction ID : C1876092

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Univ

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
12		26		2012

Transaction ID : C1889918

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 78 OF 108
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra M Schneider

Mailing Address 25 Stoneham Rd

City
RochesterState
NYZip Code
14625-1912FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

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
CoppellState
TXZip Code
75019-7379FEC ID number of contributing
federal political committee.

C

Name of Employer

WA Univ Schl of Med

Occupation

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
CoppellState
TXZip Code
75019-7379FEC ID number of contributing
federal political committee.

C

Name of Employer

WA Univ Schl of Med

Occupation

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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR 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"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeremiah Schuur

Mailing Address 276 Huron Ave

City	State	Zip Code
Cambridge	MA	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

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

Transaction ID : C1887818

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Christopher Ian Scott

Mailing Address 1444 Yale St

City	State	Zip Code
Santa Monica	CA	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

M M	/	D D	/	Y Y Y Y
12	/	21	/	2012

Transaction ID : C1888187

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City	State	Zip Code
Storrs Manfld	CT	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	/	D D	/	Y Y Y Y
11	/	28	/	2012

Transaction ID : C1876097

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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

National Emergency Medicine Political Action Committee

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 / 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 / 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 / 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)..... ►

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

1184.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Patricia D Short

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

11 / 28 / 2012

Transaction ID : C1876100

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Patricia D Short

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

12 / 26 / 2012

Transaction ID : C1889925

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Deepika Singh

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

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)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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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

Hewlett

State

NY

Zip Code

11557-1136

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

M M / 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

Hewlett

State

NY

Zip Code

11557-1136

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

M M / 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

Charlotte

State

NC

Zip Code

28203-4554

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 : C1889970

Amount of Each Receipt this Period

204.00

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

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

404.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virgil W Smaltz

Mailing Address 24 Bay View Ter

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.64

Date of Receipt

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

Transaction ID : C1876101

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

914.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889926

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Ralph J Smith

Mailing Address 7028 Rock Dove Ct

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:

☐ 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 : C1889966

Amount of Each Receipt this Period

204.00

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

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

370.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 84 OF 108
(check only one)

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

National Emergency Medicine Political Action Committee

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
☐ Other (specify) ▼

General

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 : 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
☐ Other (specify) ▼

General

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 : 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
☐ Other (specify) ▼

General

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 : 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**

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Erik Sokolove

Mailing Address 3889 Exmoor Cir

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889927

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID : C1876091

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889917

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)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Stanton

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

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

Transaction ID : C1876094

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Ryan Stanton

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

M M / D D / Y Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889920

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. David F E Stuhlmiller

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

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

Transaction ID : C1886395

Amount of Each Receipt this Period

1000.00

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

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

1166.66

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

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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 State Zip Code
 Cary NC 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 / D D / 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 State Zip Code
 Cary NC 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 / D D / 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 State Zip Code
 Westfield MA 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 / D D / 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)..... ►

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

150.00

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

Use separate schedule(s)
for each category of the
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 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 / D D / Y Y Y Y Y
12 / 26 / 2012

Transaction ID : C1889924

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Terence J Sweeney

Mailing Address 925 Carolyn Ave

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.40

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2012

Transaction ID : C1883554

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Paul Swiersz

Mailing Address 807 Landuff Ct

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID : C1886424

Amount of Each Receipt this Period

25.00

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

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

150.00

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paul Swiersz

Mailing Address 807 Landuff Ct

City

State

Zip Code

Cary

NC

27519-8837

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
12 / 28 / 2012

Transaction ID : C1889867

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Joseph Adrian Tyndall

Mailing Address PO Box 10186

Univ of FL - Dept of EM

City

State

Zip Code

Gainesville

FL

32610-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of FL - Dept of EM

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 30 / 2012

Transaction ID : C1885806

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Joseph Adrian Tyndall

Mailing Address PO Box 10186

Univ of FL - Dept of EM

City

State

Zip Code

Gainesville

FL

32610-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of FL - Dept of EM

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1891242

Amount of Each Receipt this Period

83.33

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

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

191.66

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bradley J Uren

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

11 / 28 / 2012

Transaction ID : C1876103

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Bradley J Uren

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

12 / 26 / 2012

Transaction ID : C1889928

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Michael J Utecht

Mailing Address 8608 Humie Olive Rd

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:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

12 / 12 / 2012

Transaction ID : C1886425

Amount of Each Receipt this Period

25.00

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

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

191.66

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J Utecht

Mailing Address 8608 Humie Olive Rd

City

State

Zip Code

Apex

NC

27502-8976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : C1889868

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

B. Allin Cornelius Vesa

Mailing Address 180 Greyfriars Rd

City

State

Zip Code

Mooresville

NC

28117-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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 : C1876104

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Allin Cornelius Vesa

Mailing Address 180 Greyfriars Rd

City

State

Zip Code

Mooresville

NC

28117-7333

FEC ID number of contributing
federal political committee.

C

Name of Employer

Piedmont Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

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 : C1889929

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia Paige Waslewski

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

Transaction ID : C1883493

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bradley Alan Watling

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

Transaction ID : C1876106

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Bradley Alan Watling

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 / D D / 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)..... ►

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

1166.66

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

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

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(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ian R Welsh

Mailing Address 1027 Gardenia St

City

State

Zip Code

Fort Mill

SC

29708-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

OUCOM/Doctors Hosp

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 : C1876105

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas J Wigboldy

Mailing Address 4122 Lawn Ave

City

State

Zip Code

Western Sprgs

IL

60558-1440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Palos Community Hospital

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 / 21 / 2012

Transaction ID : C1888182

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert H Winokur

Mailing Address 14 S Peak

City

State

Zip Code

Laguna Niguel

CA

92677-2903

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Mission Hosp Regl Med Ctr

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 20 / 2012

Transaction ID : C1890551

Amount of Each Receipt this Period

100.00

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

600.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert H Winokur

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
12 / 31 / 2012

Transaction ID : C1891185

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mark E Winther

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1883477

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Richard W Wolfe

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / 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)..... ►

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

1000.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thaddeus D Woods

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

Full Name (Last, First, Middle Initial)

B. W Matthew Zban

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

Full Name (Last, First, Middle Initial)

C. Mark Zeitzer

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

Silverton 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

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(check only one)

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<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D 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
☐ Other (specify) ▼

General

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 : 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
☐ Other (specify) ▼

General

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 : 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:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael D Zwank

Mailing Address 2131 Pinehurst Ave

City

Saint Paul

State

MN

Zip Code

55116-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

Regions Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

500.00

42362.47

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

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

20036-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

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)..... ►

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

1084.27

1084.27

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 21ST CENTURY MAJORITY FUNDMailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
annual contribution

State: District:

Date of Disbursement

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

Transaction ID : D139789

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. 21ST CENTURY MAJORITY FUNDMailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
VOID CK#8530

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
VOID CK#8530

State: District:

Date of Disbursement

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

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Recount

State: CA District: 07

Date of Disbursement

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

Transaction ID : D139945

Amount of Each Disbursement this Period

-2500.00

VOID CK#8523

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

-2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Raul Ruiz for Congress 2012 Committee

Date of Disbursement

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

Mailing Address 79-925 Fred Waring Drive
Suite 201City State Zip Code
Palm Desert CA 92260Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Raul RuizOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
General Debt Retirem

State: CA District: 36

Transaction ID : D139770

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of Elizabeth Esty

Date of Disbursement

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

Mailing Address PO Box 61

City State Zip Code
Cheshire CT 06410Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 Primary Debt

State: CT District: 05

Transaction ID : D139912

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Jeanne Shaheen

Date of Disbursement

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

Mailing Address PO BOX 1510

City State Zip Code
MANCHESTER NH 03105Purpose of Disbursement
VOID CK#8410Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID : D139942

Amount of Each Disbursement this Period

-1000.00

VOID CK#8410

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends Of Joe Pitts

Mailing Address PO Box 775

City	State	Zip Code
Unionville	PA	19375

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Joseph R. PittsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y 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 WarnerMailing Address 10 G St NE
Ste 570

City	State	Zip Code
Washington	DC	20002-4268

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Mark WarnerCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y 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	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: ND District: 2012 General Debt re

Date of Disbursement

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

Transaction ID : D139906

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. HELLER for Senate

Mailing Address PO Box 371907

City
Las VegasState
NVZip Code
89137-1907Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Dean HellerCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: NV

District:

2012 General Debt

Date of Disbursement

M M M	/	D D D	/	Y Y 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. IMPACTMailing Address 220 I St NE
Ste 250City
WashingtonState
DCZip Code
20002-4693Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y 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
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State:

District:

Annual contribution

Date of Disbursement

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

Transaction ID : D139597

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Candidate Name

Rep. John GaramendiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement 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 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

Candidate Name

Rep. Mike McIntyreOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement 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 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

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement 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 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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rothfus for Congress

Mailing Address 1006 Pendleton Street

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
2012 General Debt

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y 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	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
Annual contribution

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y 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	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
VOID CK#8542

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2013
☐ Primary ☐ General
☒ Other (specify) ▼
VOID CK#8542

State: FL District:

Date of Disbursement

M M M	/	D D D	/	Y Y 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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 105 OF 108

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. UDALL FOR US ALL

Mailing Address 303 Massachusetts Ave., NE

City
WashingtonState
DCZip Code
20002Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Tom UdallCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District: 00

Date of Disbursement

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

Transaction ID : D139914

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Takano for Congress

Mailing Address PO Box 5214

City
RiversideState
CAZip Code
92517-5214Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: CA

District: 41

2012 General Debt

Date of Disbursement

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

Transaction ID : D139907

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Team Emerson For Jo Ann EmersonMailing Address PO Box 822
P.O. Box 822City
Cape GirardeauState
MOZip Code
63702Purpose of Disbursement
VOID CK#8363

Candidate Name

Rep. Jo Ann EmersonCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: MO

District: 08

Date of Disbursement

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

Transaction ID : D139944

Amount of Each Disbursement this Period

-1000.00

VOID CK#8363

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

1000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

National Emergency Medicine Political Action Committee

Category/
Type

Annual contribution

Category/
Type

2012 Primary Debt

Category/
Type

State: District:

5000.00

36000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Mark N Bair

Date of Disbursement

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

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

Category/
Type**Transaction ID : D139863**

Amount of Each Disbursement this Period

100.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

--

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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 PageFOR LINE NUMBER:
(check only one)

PAGE 108 OF 108

<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

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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	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Travel Expenses - NRCC Event

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees Nov 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
DEC BANK FEES

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2012

Transaction ID : D140235

Amount of Each Disbursement this Period

274.39

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1905.34

1905.34