



American Academy  
of  
Emergency Medicine

May 7, 2014

RECEIVED  
2014 MAY -9 PH 12: 07  
FEC MAIL CENTER

Federal Election Commission  
999 E Street NW  
Washington DC 20463  
Attn: Ms. Laura Sinram  
Sr. Campaign Finance & Reviewing Analyst  
Reports Analysis Division

**Re: ID No: C00324780, Amended 2013 Year-End Report**

Dear Ms. Sinram,

This letter is in response to your letter dated 4/3/14. A copy is included as a reference.

We are enclosing an amended 2013 Year-End report (covering the 7/1/13 – 12/31/13 period) with the 3 updates you requested in your letter.

- 1) With the exception of 1 individual who did not respond with his employer data, we have collected the full name, mailing address, occupation, and name of employer for all individual contributors who gave over \$200.
- 2) We have correctly placed our expenditures to federal candidates and other political committees on a separate Schedule B. Those amounts now also are summarized on line 23 of the Detailed Summary Page.
- 3) We have updated on Schedule B more details as requested for the federal candidates that disbursements were made to.

If you require more information, please follow up with the AAEM PAC executive office.

Sincerely,

Kevin Beier, MD  
Treasurer  
American Academy of Emergency Medicine PAC

Enclosures

14031233670



FEDERAL ELECTION COMMISSION  
WASHINGTON, D.C. 20463

RQ-2

April 3, 2014

KEVIN BEIER MD, TREASURER  
AMERICAN ACADEMY OF EMERGENCY MEDICINE  
POLITICAL ACTION COMMITTEE AAEM  
PAC

555 EAST WELLS STREET, SUITE 1100  
MILWAUKEE, WI 53202

**Response Due Date**  
**05/08/2014**

IDENTIFICATION NUMBER: C00324780

REFERENCE: YEAR-END REPORT (07/01/2013 - 12/31/2013)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 3 item(s):

1. Commission Regulations require that a committee discloses the identification of all individuals who contribute in excess of \$200 in a calendar year. (11 CFR § 104.3(a)(4)(i)) Identification for an individual is defined as the full name (initials for first or last name are not acceptable), **complete mailing address, occupation, and name of employer.** (11-CFR § 100.12) Your report discloses contributions from individuals for which the identification is not complete.

You must provide the missing information, or if you are unable to do so, you must demonstrate that "best efforts" have been used to obtain the information. To establish "best efforts," you must provide the Commission with a detailed description of your procedures for requesting the information. Establishing "best efforts" is a three-fold process.

First, your original solicitation must include a clear and conspicuous request for the contributor information and must inform the contributor of the requirements of federal law for the reporting of such information. (11 CFR § 104.7(b)(1)) See 11 CFR § 104.7(b)(1)(B) for examples of acceptable statements regarding the requirements of federal law.

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AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION  
COMMITTEE AAEM PAC

Page 2 of 3

Second, if the information is not provided, you must make one follow-up, stand alone effort to obtain this information, regardless of whether the contribution(s) was solicited or not. This effort must occur no later than 30 days after receipt of the contribution and may be in the form of a written request or an oral request documented in writing. (11 CFR § 104.7(b)(2)) The requests must:

- clearly ask for the missing information, without soliciting a contribution,
- inform the contributor of the requirements of federal law for the reporting of such information, and
- if the request is written, include a pre-addressed post card or return envelope.

Third, if you receive contributor information after the contribution(s) has been reported, you should either a) file with your next regularly scheduled report, an amended memo Schedule A listing all the contributions for which additional information was received; or b) file on or before your next regularly scheduled reporting date, amendments to the report(s) originally disclosing the contribution(s). (11 CFR § 104.7(b)(4))

Please amend your report to provide the missing information or a detailed description of your procedures for requesting the information. For more information on demonstrating "best efforts," please refer to the Campaign Guide.

2. Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Contributions to federal candidates and other political committees should be properly disclosed on a separate Schedule B, supporting Line 23 of the Detailed Summary Page. Please refer to the instructions for each line when determining the proper categorization(s) for your filings. (2 U.S.C § 434(b) and FORM 3X Instructions) Further, please amend your report to disclose these contributions on the proper line.

3. On Schedule B, you have disclosed disbursements to several federal candidates. Commission regulations require that these itemized disbursements include the recipient's full name, complete address, date, amount, purpose, state, office sought (House, Senate, or President), and district (if applicable). Please amend your report to include the state, office sought (House, Senate, or President), and district (if applicable). (11 CFR §104.3 (b)(3))

**Please note, you will not receive an additional notice from the Commission on this**

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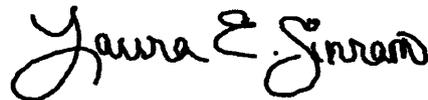
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION  
COMMITTEE AAEM PAC

Page 3 of 3

**matter.** Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please contact me on our toll-free number (800) 424-9530 (at the prompt press 5 to reach the Reports Analysis Division) or my local number (202) 694-1157.

Sincerely,



Laura Sinram  
Sr. Campaign Finance & Reviewing Analyst  
Reports Analysis Division

14031233673

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2014 Office Use Only 12:07

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

12FE4M5 REC MAIL CENTER

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street)

555 East Wells Street, Suite 1100

Check if different than previously reported. (ACC)

Milwaukee

WI

53202-3823

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00324780

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)
[X] January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on

in the State of

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on

in the State of

5. Covering Period

07 / 01 / 2013

through

12 / 31 / 2013

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

Type or Print Name of Treasurer Mr. Kevin Beier

Signature of Treasurer

Date

05 / 06 / 2014

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

14031233674

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

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

14031233675

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		<input type="text" value="247360.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="240044.18"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="23235.83"/>	<input type="text" value="36811.59"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="263280.01"/>	<input type="text" value="284172.04"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18525.06"/>	<input type="text" value="39417.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="244754.95"/>	<input type="text" value="244754.95"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Report Covering the Period: From: 

MM	DD	YYYY
07	01	2013

 To: 

MM	DD	YYYY
12	31	2013

**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).....

23060.00

25160.00

(ii) Unitemized.....

0.00

11201.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

23060.00

36361.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

23060.00

36361.00

12. Transfers From Affiliated/Other Party Committees.....

0.00

0.00

13. All Loans Received.....

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

0.00

0.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

175.83

450.59

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)).....▶

23235.83

36811.59

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

23235.83

36811.59

14031233676

**DETAILED SUMMARY PAGE**  
of Disbursements

14031233677

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	25.06	417.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	25.06	417.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16500.00	16500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	2000.00	22500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	18525.06	39417.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	18525.06	39417.09

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-  
penditures**

**COLUMN A  
Total This Period**

**COLUMN B  
Calendar Year-to-Date**

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	23060.00	36361.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23060.00	36361.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	25.06	417.09
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	25.06	417.09

14031233678

**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 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Bobby Abrams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4025 E. Canyon View Place  
 City Sandy State UT Zip Code 84092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southcoast Physicians Group Occupation Medical Doctor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2013  
 Transaction ID : SA11AI.4609  
 Amount of Each Receipt this Period  
 250.00  
 Individual Contribution over \$200

**B. Jeffrey D Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 County Road 65  
 City Killen State AL Zip Code 35645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Eliza Coffee Memorial Hospital Occupation Medical Doctor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 12 / 09 / 2013  
 Transaction ID : SA11AI.4611  
 Amount of Each Receipt this Period  
 250.00  
 Individual Contribution over \$200

**C. Peter G Anderson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 W. Ocean Front  
 City Newport Beach State CA Zip Code 92663  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer self employed Occupation Medical Doctor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 11 / 21 / 2013  
 Transaction ID : SA11AI.4568  
 Amount of Each Receipt this Period  
 250.00  
 Individual Contribution over \$200

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

14031233679

**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 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial)

**A. Paul Batmanis**

Mailing Address 1155 N. La Cienega Blvd., Apt 911

City State Zip Code  
 West Hollywood CA 90069-2444

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

Name of Employer Occupation  
 Self Employed Medical Doctor

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

Date of Receipt

12 / 09 / 2013

Transaction ID : SA11AI.4612

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

**B. Andrew H. Bauer**

Mailing Address 3800 Thomas Avenue S

City State Zip Code  
 Minneapolis MN 55410

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

Name of Employer Occupation  
 North Memorial Medical Center Medical Doctor

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

Date of Receipt

12 / 18 / 2013

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

**C. Joseph Bleier**

Mailing Address 4060 Tracy Lane

City State Zip Code  
 Greenville TX 75402

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

Name of Employer Occupation  
 Presbyterian Hospital of Green Medical Doctor

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

Date of Receipt

11 / 18 / 2013

Transaction ID : SA11AI.4558

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

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

750.00

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

14031233680

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 8 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

14031233681

Full Name (Last, First, Middle Initial) <b>A. Bruce Bush</b>		Date of Receipt MM / DD / YYYY 11 / 23 / 2013
Mailing Address 19347 Christina Court		Transaction ID : SA11AI.4575
City Cerritos	State CA	Zip Code 90703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer EmCare	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Charles Cairns</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 2707 Creek Run Court		Transaction ID : SA11AI.4653
City Chapel Hill	State NC	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Duke University	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Derek Carlson</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address 828 E. Accipiter Circle		Transaction ID : SA11AI.4655
City Clarksville	State TN	Zip Code 37043
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer EMCare	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 9 OF 28

(check only one)

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

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

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

**A. Raymond Chilton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5504 Hudson Hollow  
 City Austin State TX Zip Code 78759-7185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Neighbors Emergency Centers Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 13 / 2013  
 Transaction ID : SA11AI.4626  
 Amount of Each Receipt this Period  
 250.00  
 Individual Contribution over \$200

**B. Timothy Dougherty**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Coral Drive  
 City Cape Coral State FL Zip Code 33904-5908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cape Coral Emergency Physician Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 22 / 2013  
 Transaction ID : SA11AI.4574  
 Amount of Each Receipt this Period  
 250.00  
 Individual Contribution over \$200

**C. Ryan P. Frank**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4351 E La Puente Ave  
 City Phoenix State AZ Zip Code 85044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Chandler Regional Medical Cent Occupation Medical Doctor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 12 / 02 / 2013  
 Transaction ID : SA11AI.4593  
 Amount of Each Receipt this Period  
 250.00  
 Individual Contribution over \$200

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

750.00

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

14031233682

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

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

FOR LINE NUMBER: PAGE 10 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Christopher Garrett</b>		Date of Receipt MEM / DDD / YYYY 12 / 09 / 2013
Mailing Address 9308 Dosier Cove		Transaction ID : SA11AI.4614
City Fort Worth	State TX	Zip Code 76179
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Ergentus Emergency Medical Phy	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Bruce Genzel</b>		Date of Receipt MEM / DDD / YYYY 11 / 26 / 2013
Mailing Address 1305 Bent Creek Drive		Transaction ID : SA11AI.4589
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Harris Methodist Hospital	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Guenin</b>		Date of Receipt MEM / DDD / YYYY 11 / 20 / 2013
Mailing Address 832 La Mesa Drive		Transaction ID : SA11AI.4562
City Portola Valley	State CA	Zip Code 94028-7421
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Mills-Peninsula Medical Center	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

750.00

14031233683

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 11 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

14031233684

Full Name (Last, First, Middle Initial) <b>A. Thomas Hale</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 11 / 2013 <b>Transaction ID : SA11AI.4624</b>	
Mailing Address #60 4th Street		Amount of Each Receipt this Period 250.00 Individual Contribution over \$200	
City Cayucos	State CA	Zip Code 93430	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Central Coast Emergency Physic		Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>B. Scott Hodge</b>		Date of Receipt M M / D D / Y Y Y Y 12 / 14 / 2013 <b>Transaction ID : SA11AI.4628</b>	
Mailing Address 6362 Monticello Drive		Amount of Each Receipt this Period 250.00 Individual Contribution over \$200	
City Dallas	State TX	Zip Code 75214	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer Shannon Medical Center		Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Full Name (Last, First, Middle Initial) <b>C. Mark Hoonstra</b>		Date of Receipt M M / D D / Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : SA11AI.4577</b>	
Mailing Address 100 Port Washington Boulevard		Amount of Each Receipt this Period 250.00 Individual Contribution over \$200	
City Roslyn	State NY	Zip Code 11576-1353	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00	
Name of Employer St. Francis Hospital		Occupation Medical Doctor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
SUBTOTAL of Receipts This Page (optional).....▶		750.00	
TOTAL This Period (last page this line number only).....▶		750.00	

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 12 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

14031233685

Full Name (Last, First, Middle Initial) <b>A. Bradley Houts</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2013
Mailing Address 14335 NW 65th Street		Transaction ID : SA11AI.4554
City Kansas City	State MO	Zip Code 64152
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer North Kansas City Hospital	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Individual Contributions</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address		Transaction ID : SA11AI.4658
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 9060.00
Name of Employer	Occupation	Combined Individual Contributions under \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20261.00	

Full Name (Last, First, Middle Initial) <b>C. Leland Irwin</b>		Date of Receipt MM / DD / YYYY 12 / 21 / 2013
Mailing Address 3800 Saddle Creek Lane		Transaction ID : SA11AI.4643
City Lexington	State KY	Zip Code 40515
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Central Baptist Hospital	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	9560.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 13 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Heath Joliff</b>		Date of Receipt MM / DD / YYYY 11 / 15 / 2013	
Mailing Address 615 Jaeger Street		Transaction ID : SA11A1.4556	
City Columbus	State OH	Zip Code 43206	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Individual Contribution over \$200	
Name of Employer Central Ohio Poison Center	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Kathleen Kelly</b>		Date of Receipt MM / DD / YYYY 12 / 09 / 2013	
Mailing Address 7824 Lee Avenue		Transaction ID : SA11A1.4616	
City Alexandria	State VA	Zip Code 22308	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Individual Contribution over \$200	
Name of Employer Emergency Medicine Associates	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. David Kelton</b>		Date of Receipt MM / DD / YYYY 12 / 10 / 2013	
Mailing Address 15W740 Lexington Street		Transaction ID : SA11A1.4622	
City Elmhurst	State IL	Zip Code 60126	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Individual Contribution over \$200	
Name of Employer OSF Saint Anthony Medical Cent	Occupation Medical Doctor	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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

14031233686

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

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

FOR LINE NUMBER: PAGE 14 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial)

**A. Adam Edwin Kennah**

Mailing Address 605 Washington Avenue

City Savannah State GA Zip Code 31405

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

Name of Employer Meadows Regional Medical Center Occupation Medical Doctor

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

Date of Receipt

11 / 25 / 2013

Transaction ID : SA11AI.4579

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

**B. Kevin Kooiker**

Mailing Address 1515 Lyndale Avenue

City Eau Claire State WI Zip Code 54701

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

Name of Employer Fairview University Medical Ce Occupation Medical Doctor

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

Date of Receipt

12 / 05 / 2013

Transaction ID : SA11AI.4605

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

**C. Kenneth Koster**

Mailing Address 5550 William Henry Harrison Lane

City Cincinnati State OH Zip Code 45243-3941

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

Name of Employer Fairfield Hospital Occupation Medical Doctor

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

Date of Receipt

12 / 04 / 2013

Transaction ID : SA11AI.4598

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

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

750.00

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

14031233687

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 15 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Stephen Lamsens</b>		Date of Receipt MM / DD / YYYY 12 / 24 / 2013
Mailing Address 2061 College Street		Transaction ID : SA11AI.4647
City Jacksonville	State FL	Zip Code 32204-3703
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Jackson Hospital	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Alexander Lemon</b>		Date of Receipt MM / DD / YYYY 10 / 25 / 2013
Mailing Address 81 Lansing Street, Apt 302		Transaction ID : SA11AI.4544
City San Francisco	State CA	Zip Code 94105-2648
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Permanente Medical Group	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Emily Massey</b>		Date of Receipt MM / DD / YYYY 12 / 14 / 2013
Mailing Address 36350 Shady Drive		Transaction ID : SA11AI.4630
City Rahoboth Beach	State DE	Zip Code 19971-6203
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Sussex Emergency Associates	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

14031233688

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 28

(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)

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

14031233689

Full Name (Last, First, Middle Initial) <b>A. Nishit Mehta</b>		Date of Receipt MM / DD / YYYY 12 / 30 / 2013
Mailing Address 4089 Saint Theresa Blvd		Transaction ID : SA11AI.4651
City Avon	State OH	Zip Code 44011
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Andrew Meister</b>		Date of Receipt MM / DD / YYYY 11 / 20 / 2013
Mailing Address 1767 Emerson Avenue		Transaction ID : SA11AI.4564
City Minneapolis	State MN	Zip Code 55403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Emergency Physicians PA	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Sarah Meister</b>		Date of Receipt MM / DD / YYYY 11 / 20 / 2013
Mailing Address 1767 Emerson Avenue		Transaction ID : SA11AI.4566
City Minneapolis	State MN	Zip Code 55403
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Emergency Physicians PA	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 17 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

**A. Keith Messner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3129 Hampton Ridge Road

City Fayetteville	State NC	Zip Code 28311
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FEC ID number of contributing federal political committee. **C**

Name of Employer Cape Fear Valley Health	Occupation Medical Doctor
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2013  
Transaction ID : SA11AI.4581

Amount of Each Receipt this Period  
250.00

Individual Contribution over \$200

**B. Jeffrey Alan Moore**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 S. Main Street

City Watkinsville	State GA	Zip Code 30677
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FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia Emergency Medicine Spe	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 25 / 2013  
Transaction ID : SA11AI.4585

Amount of Each Receipt this Period  
250.00

Individual Contribution over \$200

**C. James A. Panter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4728 Highland Circle

City Gainesville	State GA	Zip Code 30506
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self Employed	Occupation Medical Doctor
-----------------------------------	------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2013  
Transaction ID : SA11AI.4548

Amount of Each Receipt this Period  
250.00

Individual Contribution over \$200

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

14031233690

**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 18 OF 28					
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

14031233691

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

**A. Jeffery Pinnow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2403 Mountain Drive  
 City Austin State TX Zip Code 78704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Basin Emergency Physician Orga Occupation Medical Doctor  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 12 / 26 / 2013  
 Transaction ID : SA11AI.4649  
 Amount of Each Receipt this Period  
**250.00**  
 Individual Contribution over \$200

**B. Vitaut Ragula**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1701 Blue Heron Cove  
 City Round Rock State TX Zip Code 78681  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Emergency Associates Occupation Medical Doctor  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 12 / 09 / 2013  
 Transaction ID : SA11AI.4618  
 Amount of Each Receipt this Period  
**250.00**  
 Individual Contribution over \$200

**C. Phillip Rice Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Russell Road  
 City Needham State MA Zip Code 02492  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer North Shore Medical Center Occupation Medical Doctor  
 Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt  
 11 / 25 / 2013  
 Transaction ID : SA11AI.4587  
 Amount of Each Receipt this Period  
**250.00**  
 Individual Contribution over \$200

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

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

**ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

14031233692

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

Full Name (Last, First, Middle Initial) <b>A. Melanie Richman</b>		Date of Receipt MM / DD / YYYY 12 / 17 / 2013
Mailing Address 17 Way Hollow Rd.		Transaction ID : SA11AI.4634
City Sewickley	State PA	Zip Code 15143
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Not Provided	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Allen Roberts</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2013
Mailing Address 9125 Benview Court		Transaction ID : SA11AI.4571
City Fort Worth	State TX	Zip Code 76126
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Self Employed	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Edgardo Rodriguez</b>		Date of Receipt MM / DD / YYYY 12 / 03 / 2013
Mailing Address 1025 Juliette Boulevard		Transaction ID : SA11AI.4594
City Mount Dbra	State FL	Zip Code 32757
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Florida Hospital	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 20 OF 28

(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)

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial)

**A. Lawrence Schiff**

Mailing Address 5 Riviera Court

City Wading River State NY Zip Code 11792

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

Name of Employer Occupation  
Paragon Emergency Medicine, PC Medical Doctor

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

Date of Receipt

MM / DD / YYYY  
12 / 06 / 2013

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

**B. Joel Schöfer**

Mailing Address 3713 Farnsworth Drive

City Chesapeake State VA Zip Code 23321

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

Name of Employer Occupation  
Naval Medical Center Portsmouth Medical Doctor

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

MM / DD / YYYY  
10 / 09 / 2013

Transaction ID : SA11AI.4543

Amount of Each Receipt this Period

500.00

Individual Contribution over \$200

Full Name (Last, First, Middle Initial)

**C. Dirk Schrader**

Mailing Address 200 Canterbury Lane

City Alpharetta State GA Zip Code 30004

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

Name of Employer Occupation  
Self Employed Medical Doctor

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

Date of Receipt

MM / DD / YYYY  
12 / 04 / 2013

Transaction ID : SA11AI.4599

Amount of Each Receipt this Period

250.00

Individual Contribution over \$200

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

1000.00

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

14031233693

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 28
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

14031233694

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

Full Name (Last, First, Middle Initial) <b>A. John Seidner</b>		Date of Receipt MM / DD / YYYY 12 / 19 / 2013
Mailing Address 15 Langford Rd		Transaction ID : SA11AI.4639
City Candia	State MN	Zip Code 55424
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer North Memorial Medical Center	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Chester Shermer</b>		Date of Receipt MM / DD / YYYY 11 / 28 / 2013
Mailing Address 609 Holly Bush Road		Transaction ID : SA11AI.4591
City Brandon	State MS	Zip Code 39047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Emergency Medicine Associates	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Simon</b>		Date of Receipt MM / DD / YYYY 11 / 13 / 2013
Mailing Address PO Box 70087		Transaction ID : SA11AI.4550
City Fairbanks	State AK	Zip Code 99707
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Fairbanks Memorial Hospital	Occupation Medical Doctor	Individual Contribution over \$200
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 22 OF 28

(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)  
**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

14031233695

**A. Thomas Snyder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4010 Camrose Crossing  
City State Zip Code  
Matthews NC 28104  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Caroinas Medical Center Medical Doctor  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
11 / 04 / 2013  
Transaction ID : SA11AI.4546  
Amount of Each Receipt this Period  
250.00  
Individual Contribution over \$200

**B. Joel Stern**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1600 Gulf Blvd.  
City State Zip Code  
Clearwater FL 33767  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
EMCare Medical Doctor  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 15 / 2013  
Transaction ID : SA11AI.4632  
Amount of Each Receipt this Period  
250.00  
Individual Contribution over \$200

**C. Robert Suter**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 670785  
City State Zip Code  
Dallas TX 75367  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
University of Texas Southwest Medical Doctor  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 04 / 2013  
Transaction ID : SA11AI.4601  
Amount of Each Receipt this Period  
250.00  
Individual Contribution over \$200

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

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

**ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 23 OF 28

(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)

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial) <b>A. Jeff Thompson</b>		Date of Receipt MM / DD / YYYY 11 / 21 / 2013	
Mailing Address PO Box 12779		Transaction ID : SA11A1.4572	
City Beaumont	State TX	Zip Code 76126	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Individual Contribution over \$200	
Name of Employer Quality Emergency Services, PL	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>B. Leanna Thorn</b>		Date of Receipt MM / DD / YYYY 11 / 19 / 2013	
Mailing Address 3608 Fair Oaks Court		Transaction ID : SA11A1.4560	
City Greenville	State NC	Zip Code 27834	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Individual Contribution over \$200	
Name of Employer ECU Emergency Medicine	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
Full Name (Last, First, Middle Initial) <b>C. David Touchston</b>		Date of Receipt MM / DD / YYYY 12 / 04 / 2013	
Mailing Address 6321 Westchester Drive		Transaction ID : SA11A1.4603	
City Dallas	State TX	Zip Code 75205	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C		Individual Contribution over \$200	
Name of Employer Arlington Memorial Hospital	Occupation Medical Doctor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		
SUBTOTAL of Receipts This Page (optional).....▶		750.00	
TOTAL This Period (last page this line number only).....▶		750.00	

14031233696



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 25 OF 28	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

14031233698

Full Name (Last, First, Middle Initial) <b>A. BMO Harris Bank NA</b>		Date of Receipt MM / DD / YYYY 12 / 31 / 2013
Mailing Address N14 W23999 Stone Ridge Drive		Transaction ID : SA17.4659
City Waukesha	State WI	Zip Code 53188
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 175.83	
Name of Employer	Occupation	Interest Earned on Account
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.84	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	175.83
TOTAL This Period (last page this line number only).....▶	175.83

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial)

**A. AMERIPAC: The Fund for a**

Date of Disbursement

MM	DD	YYYY
09	27	2013

Mailing Address 499 S. Capitol Street SW, Suite 41

Transaction ID : SB23.4777

City Washington State DC Zip Code 20003

Purpose of Disbursement  
contribution

Amount of Each Disbursement this Period

Candidate Name  
**AMERIPAC: THE FUND FOR A GREATER AMERICA**

Category/  
Type

2500.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Dave Camp for Congress**

Date of Disbursement

MM	DD	YYYY
10	21	2013

Mailing Address 20 F Street NW, Suite 500

Transaction ID : SB23.4775

City Washington State DC Zip Code 20001

Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name  
**DAVID LEE CAMP**

Category/  
Type

5000.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MI District: 04

Full Name (Last, First, Middle Initial)

**C. Diane Black For Congress**

Date of Disbursement

MM	DD	YYYY
08	26	2013

Mailing Address 254 W. Eastland, PO Box 1437

Transaction ID : SB23.4779

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
contribution

Amount of Each Disbursement this Period

Candidate Name  
**BLACK, DIANE L MRS**

Category/  
Type

1500.00

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

9000.00

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

14031233699

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Raul Ruiz for Congress**

Date of Disbursement

MM	DD	YYYY
08	06	2013

Mailing Address 72-925 Fred Waring Drive, Suite 20

Transaction ID : **SB23.4781**

City State Zip Code  
Palm Desert CA 92260

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement contribution

Category/ Type
-------------------

Candidate Name

**RUIZ, RAUL DR.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Forbes For Congress**

Date of Disbursement

MM	DD	YYYY
10	21	2013

Mailing Address 524 Johnstown Road

Transaction ID : **SB23.4783**

City State Zip Code  
Chesapeake VA 23322

Amount of Each Disbursement this Period

1500.00
---------

Purpose of Disbursement contribution

Category/ Type
-------------------

Candidate Name

**FORBES, J. RANDY**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. Michael Burgess for Congress**

Date of Disbursement

MM	DD	YYYY
08	26	2013

Mailing Address PO Box 2334

Transaction ID : **SB23.4789**

City State Zip Code  
Denton TX 76202

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement contribution

Category/ Type
-------------------

Candidate Name

**BURGESS, MICHAEL C. DR.**

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

7500.00
---------

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

16500.00
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14031233700

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC**

Full Name (Last, First, Middle Initial)

**A. Friends of Chris Stolle**

Mailing Address PO Box 5429

City Virginia Beach State WA Zip Code 23471

Purpose of Disbursement  
contribution (state office)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.4787

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Mark Green for State Senate**

Mailing Address 611 Commerce Street, Suite 2927

City Nashville State TN Zip Code 37203

Purpose of Disbursement  
Contribution for campaign

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB29.4670

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

2000.00

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

2000.00

14031233701

114031233702

RECEIVED

2014 MAY -9 PM12:07  
REC MAIL CENTER

K-RAVED BY FCC SECURITY



3052

3052

FedEx Express Package US Airbill

FedEx Tracking Number 8060 5769 2100

1 From Date 5/6/14

Sender's Name Dr. Kevin Beier Phone 414 276-6445

Company A A E M

Address 555 E WELLS ST STE 1100

City MILWAUKEE State WI ZIP 53202-3800

2 Your Internal Billing Reference

3 To Recipient's Name Federal Election Commission

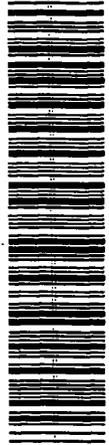
Company Commission

Address 999 E Street NW

Address Use this line for the HOLD location address or for continuation of your shipping address.

City Washington State DC ZIP 20463

0114570996



8060 5769 2100

FRI - 09 MAY AA  
STANDARD OVERNIGHT

XC RDVA  
20463  
DC-US  
IAD



FID 716948 09MAY14 THAA 51AC1/6203/6500

Packages up to 150 lbs.  
For packages over 150 lbs. use the  
FedEx Express Freight US Airbill.

4 Express Package Service  
NOTE: Service order has changed. Please select carefully.

Next Business Day

FedEx First Overnight  
Earliest business morning  
Monday unless SATURDAY Delivery is selected.

FedEx Priority Overnight  
Next business morning.  
Monday unless SATURDAY Delivery is selected.

FedEx Standard Overnight  
Next business afternoon.  
Saturday Delivery NOT available.

2 or 3 Business Days

FedEx 2Day A.M.  
Second business morning.  
Saturday Delivery NOT available.

FedEx 2Day  
Second business afternoon.  
Thursday shipments will be delivered on Friday unless SATURDAY Delivery is selected.

FedEx Express Saver  
Third business day.  
Saturday Delivery NOT available.

5 Packaging \*Declared value limit \$500.

FedEx Envelope\*

FedEx Pak\*

FedEx Box

FedEx Tube

6 Special Handling and Delivery Signature Optio 6050 0012

SATURDAY Delivery  
NOT available for FedEx Signature Overnight, FedEx 2Day A.M., or FedEx Express.

No Signature Required  
Package may be left without  
obtaining a signature for delivery.

Direct Signature  
Someone at recipient's  
may sign for delivery. If

Does this shipment contain dangerous goods?

No  
One box must be checked.

Yes  
As per attached  
Shipper's Declaration,  
not required.

Dry Ice  
Dry Ice, UN 1845  
or packaged in FedEx Express Drop Box.

7 Payment Bill to:

Sender  
Enter FedEx Acct. No. or Credit Card No. below.

Recipient

Third Party

Credit Card

Cash/IOU

Total Packages

Total Weight

lbs.

Credit Card Auth.

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

Rev. Date 2/12 • Form 418134 • ©199-2012 FedEx • PRINTED IN U.S.A. SRS

Insert shipping document here

FZ  
RT 677  
6

fedex.com 1800.GoFedEx 1800.463.3339

**Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
---	-----------------

<input type="checkbox"/> USPS First Class Mail	Postmarked
--	------------

<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
---	------------

<input type="checkbox"/> USPS Priority Mail Express	Postmarked
---	------------

<input type="checkbox"/> Postmark Illegible	
---	--

<input type="checkbox"/> No Postmark	
--------------------------------------	--

<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>5/8/14</i>	
Next Business Day Delivery		<input checked="" type="checkbox"/>

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
--	-----------------

<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
---	-----------------

<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
---	-------------------------------

<i>[Signature]</i> PREPARER	<i>5/9/14</i> DATE PREPARED
--------------------------------	--------------------------------

(8/2013)

14031233703