

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 136 / 316  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Lozano, Jr  
 Mailing Address 4824 Longwater Way  
 City Tampa State FL Zip Code 33615-4216  
 Date of Receipt MM / DD / YYYY  
06 / 29 / 2009  
**Transaction ID:** C744424  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer EmCare Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 750.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas W W Lukens  
 Mailing Address 15503 Clifton Blvd  
 City Lakewood State OH Zip Code 44107-2411  
 Date of Receipt MM / DD / YYYY  
04 / 27 / 2009  
**Transaction ID:** C714494  
 Amount of Each Receipt this Period 325.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Metro Hlth Med Ctr Dept of EM Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 325.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas W Lukens  
 Mailing Address Dept Emergency Medicine, MetroHeal  
 2500 Metrohealth Drive  
 City Cleveland State OH Zip Code 44107-2411  
 Date of Receipt MM / DD / YYYY  
06 / 30 / 2009  
**Transaction ID:** C745866  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer MetroHealth Medical Center Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1075.00  
**TOTAL** This Period (last page this line number only) .....