

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

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

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

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  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

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

2007

through

12

31

2007

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

Dean Wilkerson, MBA,JD

Signature of Treasurer

Electronically Filed by Dean Wilkerson, MBA,JD

Date

01

17

2008

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
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2007</span>		414915.04
(b) Cash on Hand at Beginning of Reporting Period .....	353417.65	
(c) Total Receipts (from Line 19) .....	461561.74	748210.80
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	814979.39	1163125.84
7. Total Disbursements (from Line 31) .....	180042.38	528188.83
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	634937.01	634937.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> 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
0	7	0	1	2	0	0	7

To:

M	M	D	D	Y	Y	Y	Y
1	2	3	1	2	0	0	7

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	218465.64	317428.86
(i) Itemized (use Schedule A) .....	231642.82	411479.14
(ii) Unitemized .....	450108.46	728908.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	2000.00	2000.00
(c) Other Political Committees (such as PACs) .....	452108.46	730908.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....		
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 .....	1250.00	1250.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	8203.28	16052.80
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 Transfer (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)) .....	461561.74	748210.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	461561.74	748210.80

**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) Shared 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	176250.00	517750.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	150.20	350.20
(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)) .....	150.20	350.20
29. Other Disbursements.....	3642.18	10088.63
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	180042.38	528188.83
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	180042.38	528188.83

**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) .....	452108.46	730908.00
34. Total Contribution Refunds (from Line 28(d)) .....	150.20	350.20
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	451958.26	730557.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
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	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 275

(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)

Dr. Alan J Lewis

Mailing Address

22943 Ostronic Dr

City

Woodland Hills

State

CA

Zip Code

91367-6141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Beach Mem Med Ctr

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  
0 7 / 0 5 / 2 0 0 7

Transaction ID: 20840906

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William C Haselow

Mailing Address

7118 W Lafayette Pl

City

Megunon

State

WI

Zip Code

53092-8600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Infinity HealthCare Inc

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  
0 7 / 0 7 / 2 0 0 7

Transaction ID: 20840928

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Francis Walsh

Mailing Address

911 Vermillion Dr

City

Bakersfield

State

CA

Zip Code

93312-6507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
County of Kern, Krn Med  
Ctr

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  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 20840987

Amount of Each Receipt this Period

100.00

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

700.00

**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: PAGE 7 / 275

(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)

Dr. 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 0 7 / 2 0 0 7

Transaction ID: 20840991

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Corbit

Mailing Address

75 Forest Mill Ln

City

Akron

State

OH

Zip Code

44319-4082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Gen Med Ctr Dept of  
EM

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  
0 7 / 0 9 / 2 0 0 7

Transaction ID: 20875029

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Julio E Rios

Mailing Address AERAS

3101 Marler Rd

City

Pike Rd

State

AL

Zip Code

36064-3337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Julio E Rios, 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  
0 7 / 1 1 / 2 0 0 7

Transaction ID: 20876434

Amount of Each Receipt this Period

250.00

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

1050.00

**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: PAGE 8 / 275

(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)

Dr. John M Deacon

Mailing Address

943 Via Los Padres

City

Santa Barbara

State

CA

Zip Code

93111-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys

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  
07 / 15 / 2007

Transaction ID: 20877109

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Luke Aswegan

Mailing Address

41 Forsythia Ln

City

Bear

State

DE

Zip Code

19701-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Hosp

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  
07 / 17 / 2007

Transaction ID: 20877151

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frank John Kaeberlein

Mailing Address

9380 Portage St NW

City

Massillon

State

OH

Zip Code

44646-9051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stark County Emergency Ph-  
ys

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  
07 / 20 / 2007

Transaction ID: 20877700

Amount of Each Receipt this Period

300.00

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

1400.00

**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 9 / 275

(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)

Dr. Mitchell L Lewis

Mailing Address

713 Hidden Cave Rd

City

Madison

State

WI

Zip Code

53717-2755

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front Range Emer Spec

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  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 20878400

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Kennedy

Mailing Address

908 Fox Hill Dr

City

Edmond

State

OK

Zip Code

73034-7317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naval Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 8 / 2 0 0 7

Transaction ID: 20888253

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Edward Osborn, III

Mailing Address

13016 Huntington Woods Ave

City

Spring Hill

State

FL

Zip Code

34609-9337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Springhill Reg Hosp

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  
0 7 / 1 8 / 2 0 0 7

Transaction ID: 20888540

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 10 / 275

(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)

Dr. Kay L Crider

Mailing Address

3503 Firefly Ct

City

Lawrence

State

KS

Zip Code

66049-5104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kay L Crider, MD

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  
0 7 / 1 9 / 2 0 0 7

Transaction ID: 20888660

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nathan Phillip Peimann

Mailing Address

PO Box 20150

City

Juneau

State

AK

Zip Code

99802-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bartlett 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  
0 7 / 2 5 / 2 0 0 7

Transaction ID: 20892249

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew Tyler Emery

Mailing Address

942 Ogden SE

City

E Grand Rapids

State

MI

Zip Code

49506-3561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Butterworth Hosp

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  
0 7 / 2 3 / 2 0 0 7

Transaction ID: 20892259

Amount of Each Receipt this Period

100.00

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

700.00

**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: PAGE 11 / 275

(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)

Dr. Robert W Schafermeyer

Mailing Address

2932 Rock Springs Rd

City

Charlotte

State

NC

Zip Code

28226-7350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 1 4 / 2 0 0 7

Transaction ID: 21012891

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Arlo F Weltge

Mailing Address

5213 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT Med School Houston

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012893

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Michael Cogbill, Jr

Mailing Address

2817 Witters St

City

Saginaw

State

MI

Zip Code

48602-3584

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Timberline 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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012914

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 12 / 275

(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)

Dr. Julie Ann Gorchynski

Mailing Address

13546 Peseta Ct

City

Corpus Christi

State

TX

Zip Code

78418-6932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHRSTUS Spohn Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012919

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brien Alfred Barnewolt

Mailing Address

68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Med Ctr

Occupation

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012922

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012923

Amount of Each Receipt this Period

83.33

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

266.66

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ashley E Booth

Mailing Address

3915 Riverside Ave

City

Jacksonville

State

FL

Zip Code

32205-9336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shands Jacksonville Educ

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
0	7	/	3	0	/	2	0	0	7

Transaction ID: 21012924

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: 21012925

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kahang Lee Chan

Mailing Address

3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kahang Lee Chan, MD, FACEP

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
0	7	/	3	0	/	2	0	0	7

Transaction ID: 21012926

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: PAGE 14 / 275

(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)

Dr. William Basil Felegi

Mailing Address

731 Red Lion Way

City

Bridgewater

State

NJ

Zip Code

08807-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morristown Mem Hosp 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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012927

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston 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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012928

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Diana L Fite

Mailing Address

PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

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 ▼

630.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012929

Amount of Each Receipt this Period

90.00

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

440.00

**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 15 / 275

(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)

Dr. 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 ▼

595.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012930

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address

6836 Alexander Rd

City

Charlotte

State

NC

Zip Code

28270-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012931

Amount of Each Receipt this Period

41.67

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mylissa Amy Graber

Mailing Address

7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012932

Amount of Each Receipt this Period

100.00

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

226.67

**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 16 / 275

(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)

Dr. Andrea L Green

Mailing Address

5 Twin Springs Dr

City

Arlington

State

TX

Zip Code

76016-4027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Andrea L Green, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012933

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Mr. Brad Gruehn

Mailing Address

207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brad Gruehn

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012934

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Brian Hancock

Mailing Address

4827 Pebworth Pl

City

Saginaw

State

MI

Zip Code

48603-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sterling 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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012935

Amount of Each Receipt this Period

250.00

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

400.00

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



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

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

FOR LINE NUMBER: PAGE 17 / 275

(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)

Dr. Daniel G Hankins

Mailing Address

9652 55th Ave NW

City

Oronoco

State

MN

Zip Code

55960-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012936

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Peter John

Mailing Address

20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Hosp ED

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012938

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jay Kaplan

Mailing Address

300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012939

Amount of Each Receipt this Period

100.00

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

240.00

**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 18 / 275

(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)

Dr. Eric J Lavonas

Mailing Address

507 Moncure Dr

City

Charlotte

State

NC

Zip Code

28209-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED MEB-3

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012940

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Alan May

Mailing Address

515 Overlook Terr

City

Cumberland

State

MD

Zip Code

21502-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Hosp

Occupation

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012941

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Marie McLean

Mailing Address

1301 Glendale Ave

City

Saginaw

State

MI

Zip Code

48638-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012942

Amount of Each Receipt this Period

100.00

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

433.33

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

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

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

FOR LINE NUMBER: PAGE 19 / 275

(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)

Dr. Jacob Mark Meredith, III

Mailing Address

1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cmmty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012943

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David L Meyers

Mailing Address

2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012944

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John S Milne

Mailing Address

530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastside Emer Phys PLLC

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012945

Amount of Each Receipt this Period

250.00

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

450.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ira R Nemeth

Mailing Address

3225 Turtle Creek Blvd Apt 134

City

Dallas

State

TX

Zip Code

75219-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ira R Nemeth, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: 21012946

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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  
Professional Emerg Phys  
Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	7

Transaction ID: 21012947

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ernest Page, II

Mailing Address

11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Emerg Phys

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
0	7	/	3	0	/	2	0	0	7

Transaction ID: 21012948

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 21 / 275

(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)

Dr. Charles F Pattavina

Mailing Address Fallon Clinic@WorcesterMedCtr  
123 Summer St Ste 170

City State Zip Code  
Worcester MA 01608-1216

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Fallon Clinic@WorcesterMe-  
dCtr

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  
07 30 2007

Transaction ID: 21012949

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lee E Payne

Mailing Address 904 Luke St

City State Zip Code  
Travis Afb CA 94535-1354

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
David Grant Med Ctr

Occupation  
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  
07 30 2007

Transaction ID: 21012950

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Powell

Mailing Address 40 Lane Rd

City State Zip Code  
Derry NH 03038-4194

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 30 2007

Transaction ID: 21012951

Amount of Each Receipt this Period

100.00

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

433.33

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

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

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

FOR LINE NUMBER: PAGE 22 / 275

(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)

Dr. Alexander Max Rosenau

Mailing Address

1140 N Broad St

City

Allentown

State

PA

Zip Code

18104-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Valley 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 Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012953

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Craig Rosenbloom

Mailing Address

PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012954

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David William Ross

Mailing Address

15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front EM Specialties Inc

Occupation

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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012955

Amount of Each Receipt this Period

83.33

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

583.33

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

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

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

FOR LINE NUMBER: PAGE 23 / 275

(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)

Dr. Scott Edward Rudkin

Mailing Address

6731 E Boscana Ct

City

Orange

State

CA

Zip Code

92867-6406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ CA Irvine

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  
07 / 30 / 2007

Transaction ID: 21012956

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Curtis Clinton Sandy

Mailing Address

1711 Bachelor Cir

City

Pocatello

State

ID

Zip Code

83201-2265

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portneuf Med Ctr

Occupation

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  
07 / 30 / 2007

Transaction ID: 21012957

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Shangold

Mailing Address

66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2007

Transaction ID: 21012958

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 24 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ronald S Strony

Mailing Address

6660 Richardson Rd

City

Fairview

State

PA

Zip Code

16415-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamot Med Ctr 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
0	7		3	0		2	0	0	7

Transaction ID: 21012959

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Morris Swanson

Mailing Address

11580 Alpine View Ct

City

Truckee

State

CA

Zip Code

96161-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washoe Med Ctr

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
0	7		3	0		2	0	0	7

Transaction ID: 21012960

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Tom Werlinich

Mailing Address

2303 Oak Forest Court

City

Arlington

State

TX

Zip Code

76012-4285

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tom Werlinich

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	7

Transaction ID: 21012961

Amount of Each Receipt this Period

250.00

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

600.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 275

(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)

Mr Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gordon Wheeler

Occupation  
FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.31

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012962

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amy S Archer Uyenishi

Mailing Address

21387 Prescott Ct

City

Kildeer

State

IL

Zip Code

60047-8859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurrection Med Ctr

Occupation  
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  
0 7 / 3 0 / 2 0 0 7

Transaction ID: 21012963

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Laura Ehrhardt Crim

Mailing Address

757 Burnthouse Rd

City

Carlisle

State

PA

Zip Code

17015-7642

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carlisle Reg Med Ctr

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  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 21012974

Amount of Each Receipt this Period

100.00

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

266.66

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Suzanne E Johnson

Mailing Address

4329 Gregory St

City

Oakland

State

CA

Zip Code

94619-2238

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Suzanne E Johnson, DO, FA-  
CEP

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
0	7		3	1		2	0	0	7

Transaction ID: 21012979

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Philip C Van Dongen

Mailing Address

75 May Apple Ln

City

Martinsburg

State

WV

Zip Code

25403-1123

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Philip C Van Dongen, 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
0	7		3	1		2	0	0	7

Transaction ID: 21012981

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Linda L Lawrence

Mailing Address

3397 Pebble Beach Ct

City

Fairfield

State

CA

Zip Code

94534-8308

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
60 MDG/SGH

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
0	7		2	7		2	0	0	7

Transaction ID: 21013022

Amount of Each Receipt this Period

1000.00

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

1350.00

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 27 / 275

(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)

Dr. Jonathan G Newman

Mailing Address

7405 Scottsdale Rd

City

Fairmont

State

WV

Zip Code

26554-7809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jonathan G Newman, MD, FA-  
CEP

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  
0 7 / 2 7 / 2 0 0 7

Transaction ID: 21013023

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Scott Harris

Mailing Address

7337 Lochhaven Ct

City

Allentown

State

PA

Zip Code

18106-9127

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Charles Scott Harris, MD,  
FACEP

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  
0 7 / 2 3 / 2 0 0 7

Transaction ID: 21013029

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jason Allen Coffey

Mailing Address

1081 Horse Rock Rd

City

Hickory

State

NC

Zip Code

28602-8963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frye Reg 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  
0 7 / 0 6 / 2 0 0 7

Transaction ID: 21013041

Amount of Each Receipt this Period

100.00

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

850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric J Fete

Mailing Address

5680 Pine Valley Dr

City

Zanesville

State

OH

Zip Code

43701-6874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

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
0	8	/	0	8	/	2	0	0	7

Transaction ID: 21233309

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edna Ruth Hill

Mailing Address

4500 Hemlock Cone Way

City

Ellicott City

State

MD

Zip Code

21042-5937

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pyramid Group Inc

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
0	8	/	0	8	/	2	0	0	7

Transaction ID: 21233310

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Todd A Rogers

Mailing Address

102 Craborchard Pl

City

Chapel Hill

State

NC

Zip Code

27514-9553

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Durham Emer Phys 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
0	8	/	0	6	/	2	0	0	7

Transaction ID: 21235780

Amount of Each Receipt this Period

250.00

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

650.00

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 29 / 275

(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)

Dr. Richard L Stennes

Mailing Address

2533 Calle Del Oro

City

La Jolla

State

CA

Zip Code

92037-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard L Stennes, MD, FA-  
CEP

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  
0 8 / 0 3 / 2 0 0 7

Transaction ID: 21236637

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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 Ass-  
oc

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  
0 8 / 0 1 / 2 0 0 7

Transaction ID: 21236639

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward W Ferguson

Mailing Address

7415 Byron Pl

City

St Louis

State

MO

Zip Code

63105-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Anthonys 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  
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21236913

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 275

(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)

Dr. David C Packo

Mailing Address

4535 Dressler Rd NW

City

Canton

State

OH

Zip Code

44718-2545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med 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  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 21237417

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dara Batki

Mailing Address

3341 Single Peak

City

San Antonio

State

TX

Zip Code

78261-1817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fort Duncan 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  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 21237424

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel L Sullivan

Mailing Address

23146 Greenleaf Blvd

City

Elkhart

State

IN

Zip Code

46514-4509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elkhart Emer Phys

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  
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21237457

Amount of Each Receipt this Period

100.00

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

1350.00

**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 31 / 275

(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)

Dr. Thomas E Benzoni

Mailing Address

4343 Far Hills Rd

City

Sioux City

State

IA

Zip Code

51104-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Iowa Emerg Phys

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  
0 8 / 0 2 / 2 0 0 7

Transaction ID: 21237478

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gary Gerard March

Mailing Address

10643 Arbour Dr

City

Brighton

State

MI

Zip Code

48114-9095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Hosp

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  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 21244041

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel J Hull

Mailing Address

32655 NE Corral Creek Rd

City

Newberg

State

OR

Zip Code

97132-7006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent Medical Ctr

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  
0 8 / 0 6 / 2 0 0 7

Transaction ID: 21244045

Amount of Each Receipt this Period

100.00

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

700.00

**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 32 / 275

(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)

Dr. John Thomas Molnar, Jr

Mailing Address Briarcliffe Acres  
23 South Gate Rd

City State Zip Code  
Myrtle Bch SC 29572-5622

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Carolina Hlth Specialists

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  
0 8 / 1 6 / 2 0 0 7

Transaction ID: 21250160

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Oliver Ashwood

Mailing Address 8 Pumpkin Patch Rd

City State Zip Code  
Woodbridge CT 06525-2523

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Marys Hosp

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  
0 8 / 1 7 / 2 0 0 7

Transaction ID: 21250716

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William E Sotack

Mailing Address 5484 Skyline Dr

City State Zip Code  
Schnecksville PA 18078-2762

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Berks Emerg Phys

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  
0 8 / 2 0 / 2 0 0 7

Transaction ID: 21253732

Amount of Each Receipt this Period

500.00

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

700.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 275

(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)

Dr. Raymond G Hart

Mailing Address

706 Colonel Anderson Pkwy

City

Louisville

State

KY

Zip Code

40222-5578

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kleinert Inst

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  
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21256708

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edward W Ferguson

Mailing Address

7415 Byron Pl

City

St Louis

State

MO

Zip Code

63105-2967

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Anthony's 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  
0 8 / 2 3 / 2 0 0 7

Transaction ID: 21260030

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew Deibel

Mailing Address

4090 Morningside Ln

City

Saginaw

State

MI

Zip Code

48603-1185

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcare Emer Phys  
Grp

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  
0 8 / 2 9 / 2 0 0 7

Transaction ID: 21292038

Amount of Each Receipt this Period

500.00

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

1600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Timothy Martin O'Toole

Mailing Address

2661 MacNaughten Rd NW

City

North Canton

State

OH

Zip Code

44720-9546

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aultman Hosp ED

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
0	8	/	2	9	/	2	0	0	7

Transaction ID: 21292050

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Powell

Mailing Address

40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 21292062

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David William Ross

Mailing Address

15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front EM Specialties Inc

Occupation

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
0	8	/	3	0	/	2	0	0	7

Transaction ID: 21292064

Amount of Each Receipt this Period

83.33

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

683.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Curtis Clinton Sandy

Mailing Address

1711 Bachelor Cir

City

Pocatello

State

ID

Zip Code

83201-2265

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Portneuf Med Ctr

Occupation

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
0	8		3	0		2	0	0	7

Transaction ID: 21292150

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Charles Seaberg

Mailing Address

9348 Royal Mountain Dr

City

Chattanooga

State

TN

Zip Code

37421-2067

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ TN Colg of Med-Deans  
Ofc

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
0	8		3	0		2	0	0	7

Transaction ID: 21292267

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Shangold

Mailing Address

66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	0	7

Transaction ID: 21292403

Amount of Each Receipt this Period

83.33

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

666.66

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

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

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

FOR LINE NUMBER: PAGE 36 / 275

(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)

Dr. Virgil W Smaltz

Mailing Address

10 Saint Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21292568

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jo Wagner

Mailing Address

5425 Nottingham N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Synergy Med Educ Alliance

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21292768

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gordon Wheeler

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21292942

Amount of Each Receipt this Period

83.33

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

583.33

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

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

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

FOR LINE NUMBER: PAGE 37 / 275

(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)

Dr. Lee E Payne

Mailing Address

904 Luke St

City

State

Zip Code

Travis Afb

CA

94535-1354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Grant Med Ctr

Occupation

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21297755

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey R Nickel

Mailing Address

2300 N Black Oak Dr

City

State

Zip Code

Angola

IN

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Professional Emerg Phys  
Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21297756

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Marie McLean

Mailing Address

1301 Glendale Ave

City

State

Zip Code

Saginaw

MI

48638-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21301299

Amount of Each Receipt this Period

100.00

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 38 / 275

(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)

Dr. William Alan May

Mailing Address

515 Overlook Terr

City

Cumberland

State

MD

Zip Code

21502-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Hosp

Occupation

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21301302

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Peter John

Mailing Address

20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351311

Amount of Each Receipt this Period

40.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel G Hankins

Mailing Address

9652 55th Ave NW

City

Oronoco

State

MN

Zip Code

55960-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351433

Amount of Each Receipt this Period

100.00

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

223.33

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

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

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

FOR LINE NUMBER: PAGE 39 / 275

(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)

Dr. Marsha D Ford

Mailing Address

6836 Alexander Rd

City

Charlotte

State

NC

Zip Code

28270-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351477

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brent F Gardner

Mailing Address

640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida 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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351518

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Angela F Gardner

Mailing Address

1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351617

Amount of Each Receipt this Period

250.00

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

791.67

**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 40 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. J Brian Hancock

Mailing Address

4827 Pebworth Pl

City

Saginaw

State

MI

Zip Code

48603-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sterling Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 21351650

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

680.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 21351690

Amount of Each Receipt this Period

85.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Diana L Fite

Mailing Address

PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

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 ▼

720.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	3	0	/	2	0	0	7

Transaction ID: 21351739

Amount of Each Receipt this Period

90.00

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

425.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 275

(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)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351788

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kahang Lee Chan

Mailing Address

3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kahang Lee Chan, MD, FACEP

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351834

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351874

Amount of Each Receipt this Period

83.33

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 42 / 275

(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)

Dr. Brien Alfred Barnewolt

Mailing Address

68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Med Ctr

Occupation

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351919

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amy S Archer Uyenishi

Mailing Address

21387 Prescott Ct

City

Kildeer

State

IL

Zip Code

60047-8859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurrection Med Ctr

Occupation

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21351967

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Timothy A Burrell

Mailing Address

5980 W State Rd 46

City

Bloomington

State

IN

Zip Code

47404-9359

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unity Phys Grp

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21352330

Amount of Each Receipt this Period

250.00

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 43 / 275

(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)

Dr. Ryan J Hines

Mailing Address

11925 Cupworth Ct

City

Huntersville

State

NC

Zip Code

28078-3738

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ryan J Hines, MD

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21352667

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Bresler

Mailing Address

1025 Wilmington Way

City

Emerald Hills

State

CA

Zip Code

94062-4069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21371308

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. M McKim Davis

Mailing Address

3916 Welwyn Way

City

Bedford

State

TX

Zip Code

76021-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plaza Med Ctr of Ft Worth

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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21371427

Amount of Each Receipt this Period

500.00

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

1250.00

**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 44 / 275

(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)

Dr. Marc M Dreier

Mailing Address

295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Valley 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  
0 8 / 3 0 / 2 0 0 7

Transaction ID: 21371551

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Edwin Yi-chaio Hsu

Mailing Address

14740 SW 83rd Pl

City

Village of Palmett

State

FL

Zip Code

33158-1975

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edwin Yi-chaio Hsu, 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  
0 8 / 2 9 / 2 0 0 7

Transaction ID: 21401891

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joseph R Lex, Jr

Mailing Address

4 Bryn Mawr Ave

City

Bala Cynwyd

State

PA

Zip Code

19004-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Temple Univ 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  
0 8 / 2 9 / 2 0 0 7

Transaction ID: 21401892

Amount of Each Receipt this Period

500.00

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

1250.00

**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 45 / 275

(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)

Dr. Patrick R Hayes

Mailing Address

716 Lindsey Marie Ln

City

Columbus

State

OH

Zip Code

43235-3499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Methodist 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  
0 8 / 2 9 / 2 0 0 7

Transaction ID: 21401898

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Matthew John McDevitt

Mailing Address

800 S Gaylord St

City

Denver

State

CO

Zip Code

80209-4632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carepoint PC

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  
0 8 / 2 9 / 2 0 0 7

Transaction ID: 21401902

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric J Fete

Mailing Address

5680 Pine Valley Dr

City

Zanesville

State

OH

Zip Code

43701-6874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 2 9 / 2 0 0 7

Transaction ID: 21401903

Amount of Each Receipt this Period

500.00

**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: PAGE 46 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Alan Davidson, III

Mailing Address

34 Bluff Ridge Ct

City

Greensboro

State

NC

Zip Code

27455-2298

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Moses H Cone Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	9	/	2	0	0	7

Transaction ID: 21401913

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gerald William Bortolazzo

Mailing Address

5226 Old Mountain Ln

City

Powder Springs

State

GA

Zip Code

30127-4341

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Gerald William Bortolazzo,  
MD

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
0	8	/	3	1	/	2	0	0	7

Transaction ID: 21405315

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Gray Lassiter

Mailing Address

5626 W Spur Dr

City

Phoenix

State

AZ

Zip Code

85083-1263

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Del E Webb Hosp

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
0	9	/	0	7	/	2	0	0	7

Transaction ID: 21414134

Amount of Each Receipt this Period

100.00

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

1350.00

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  
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FOR LINE NUMBER: PAGE 47 / 275

(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)

Dr. Stephen Timothy Holland

Mailing Address

15 Beach Ave

City

Watertown

State

CT

Zip Code

06795-2001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 0 4 / 2 0 0 7

Transaction ID: 21517755

Amount of Each Receipt this Period

95.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Anthony Giles

Mailing Address

68 Tuxedo Rd

City

Montclair

State

NJ

Zip Code

07042-5042

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clara Maass Med Ctr

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  
0 9 / 0 5 / 2 0 0 7

Transaction ID: 21517772

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James V Antinori

Mailing Address

3060 Oak Rim Ln

City

Park City

State

UT

Zip Code

84060-6803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

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  
0 9 / 0 5 / 2 0 0 7

Transaction ID: 21517785

Amount of Each Receipt this Period

500.00

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

695.00

**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 48 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Roger S Perry

Mailing Address

9074 Sunny Brea Cir

City

Sandy

State

UT

Zip Code

84093-2495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

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
0	9		0	5		2	0	0	7

Transaction ID: 21519556

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Max Rosenau

Mailing Address

1140 N Broad St

City

Allentown

State

PA

Zip Code

18104-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Valley Hosp

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
0	9		0	5		2	0	0	7

Transaction ID: 21519557

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David E Van Ryn

Mailing Address

51192 Stratford Dr

City

Elkhart

State

IN

Zip Code

46514-9110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elkhart Emer Phys

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
0	9		1	0		2	0	0	7

Transaction ID: 21521264

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**

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

FOR LINE NUMBER: PAGE 49 / 275

(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)

Dr. Eric Daniel Katz

Mailing Address

1943 E Everett Dr

City

Phoenix

State

AZ

Zip Code

85022-3939

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medpro 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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21521267

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dan Donnell

Mailing Address

2804 Cactus Dr

City

Edmond

State

OK

Zip Code

73013-7936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Midwest City 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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21521287

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Matthew Fox

Mailing Address

2 Cherry Hurst Ln

City

Grosse Pointe Farm

State

MI

Zip Code

48236-3796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Spec PC

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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21521289

Amount of Each Receipt this Period

500.00

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

1300.00

**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 50 / 275

(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)

Dr. Luis Quintero

Mailing Address

3 Walnut Trace Ct

City

Simpsonville

State

SC

Zip Code

29681-4769

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Luis Quintero, MD, FACEP

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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21521306

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marco Coppola

Mailing Address

7105 Waldon Ct

City

Colleyville

State

TX

Zip Code

76034-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Questcare Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 7

Transaction ID: 21630451

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W Graber

Mailing Address

29360 Lake Rd

City

Bay Village

State

OH

Zip Code

44140-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Team Health Midwest

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  
0 9 / 1 1 / 2 0 0 7

Transaction ID: 21630507

Amount of Each Receipt this Period

100.00

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

1350.00

**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 51 / 275

(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)

Dr. Charles Henrichs

Mailing Address

602 Red Oak Dr

City

Hendersonville

State

NC

Zip Code

28791-1968

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendersonville Emer Consu-  
ltant

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  
0 9 / 1 1 / 2 0 0 7

Transaction ID: 21630528

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W Lukens

Mailing Address

15503 Clifton Blvd

City

Lakewood

State

OH

Zip Code

44107-2411

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 ▼

523.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 1 / 2 0 0 7

Transaction ID: 21630530

Amount of Each Receipt this Period

261.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jack Henry Mitstifer

Mailing Address

4877 Squire Dr

City

Sagamore Hls

State

OH

Zip Code

44067-3287

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GEMS

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  
0 9 / 1 1 / 2 0 0 7

Transaction ID: 21630533

Amount of Each Receipt this Period

1000.00

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

2261.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 275

(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)

Dr. Thomas Alfred Boyle

Mailing Address

480 S Arlington Ave

City

Elmhurst

State

IL

Zip Code

60126-3919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St James Hosp Olympia Flds

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  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21630942

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Laurence J Gavin

Mailing Address

312 S Fairfield Rd

City

Devon

State

PA

Zip Code

19333-1633

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21630952

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Edward Leyrer

Mailing Address

4571 Grassy Point BLVD

City

Port Charlotte

State

FL

Zip Code

33952-9181

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Peace River Reg Med Ctr

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  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21630970

Amount of Each Receipt this Period

500.00

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

1065.00

**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 53 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jarrad Neil Lifshitz

Mailing Address

3737 Ashworth Dr Unit B

City

Cincinnati

State

OH

Zip Code

45208-1825

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jarrad Neil Lifshitz, MD

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
0	9		1	8		2	0	0	7

Transaction ID: 21630973

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bonnie B Matthaues

Mailing Address

PO Box 7270

City

Wilmington

State

DE

Zip Code

19803-0270

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr of Delaware ED

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
0	9		1	8		2	0	0	7

Transaction ID: 21630974

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Eric Anthony Nazzola

Mailing Address

17 Orchard Ln

City

Dallas

State

PA

Zip Code

18612-9093

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilkes-Barre General Hospital

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
0	9		1	8		2	0	0	7

Transaction ID: 21630978

Amount of Each Receipt this Period

100.00

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

1400.00

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

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

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

FOR LINE NUMBER: PAGE 54 / 275

(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)

Dr. Steven Victor Scalise

Mailing Address

681 Lookout Ridge Dr

City

Westerville

State

OH

Zip Code

43082-8601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Immediate Hlth 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  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21630982

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory M Smith

Mailing Address

10222 Questa Ct

City

Wadsworth

State

OH

Zip Code

44281-8864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP

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  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21630987

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert V Violante

Mailing Address

1056 University Ave

City

Palo Alto

State

CA

Zip Code

94301-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Clara Valley 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  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21631060

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 275

(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)

Dr. Gary David Wright

Mailing Address

7135 Sunset Ridge Cir

City

Springdale

State

AR

Zip Code

72762-8160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Reg 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  
0 9 / 1 8 / 2 0 0 7

Transaction ID: 21631072

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Kec

Mailing Address

1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RMK MD

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  
0 8 / 0 7 / 2 0 0 7

Transaction ID: 21632534

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Suzanne Jean Martens

Mailing Address

38 Lake Breeze Ln

City

Random Lake

State

WI

Zip Code

53075-1679

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Nicholas Hosp ED

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21632535

Amount of Each Receipt this Period

500.00

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

1700.00

**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 56 / 275

(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)

Dr. Gregory J Bjerke

Mailing Address

2973 Peterson Pkwy

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meritcare Med Ctr ED

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21632538

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Patrick O'Brien

Mailing Address

12800 High Oak Rd

City

Knoxville

State

TN

Zip Code

37934-7443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Box 43 UTMCK

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  
0 8 / 0 3 / 2 0 0 7

Transaction ID: 21632540

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sandra M Schneider

Mailing Address

25 Stoneham Rd

City

Rochester

State

NY

Zip Code

14625-1912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Rochester 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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21632542

Amount of Each Receipt this Period

1000.00

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

1400.00

**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 57 / 275

(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)

Dr. Thomas W Lukens

Mailing Address

15503 Clifton Blvd

City

Lakewood

State

OH

Zip Code

44107-2411

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 ▼

262.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21632543

Amount of Each Receipt this Period

262.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Bresler

Mailing Address

1025 Wilmington Way

City

Emerald Hills

State

CA

Zip Code

94062-4069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mills 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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21632547

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Alan Richardson

Mailing Address

7945 Hughes Rd

City

N Salem

State

IN

Zip Code

46165-9478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medicine Specia-  
lists

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  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 21632548

Amount of Each Receipt this Period

300.00

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

812.00

**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 58 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas L. Dourmashkin

Mailing Address

199 Maple Ridge Rd

City

Northampton

State

MA

Zip Code

01062-9749

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Berkshire Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.20

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Transaction ID: 21638114

Amount of Each Receipt this Period

250.20

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Medina

Mailing Address

320 Waters Edge Dr

City

Lancaster

State

PA

Zip Code

17602-4698

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lancaster Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	7		2	0	0	7

Transaction ID: 21639639

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Conway Risk

Mailing Address

113 Arbon Ln

City

New Bern

State

NC

Zip Code

28562-8729

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Craven Reg Med Ctr ED

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
0	9		0	7		2	0	0	7

Transaction ID: 21639644

Amount of Each Receipt this Period

250.00

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

865.20

**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 59 / 275

(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)

Dr. Jim Anthony Comes

Mailing Address

247 Goshen Ave

City

Clovis

State

CA

Zip Code

93611-7098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Med Ctr ED

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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21649362

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Swen J Hilander

Mailing Address

210 Woodland Ln

City

Oconomowoc

State

WI

Zip Code

53066-2733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swen J Hilander, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21649377

Amount of Each Receipt this Period

365.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas C Kupka

Mailing Address

2454 S Paseo Loma Cir

City

Mesa

State

AZ

Zip Code

85202-6443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Physicians 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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21649382

Amount of Each Receipt this Period

250.00

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

865.00

**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 60 / 275

(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)

Dr. Leonard M Riggs, Jr

Mailing Address

6815 Baltimore Dr

City

Dallas

State

TX

Zip Code

75205-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMCARE Inc

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  
0 9 / 1 0 / 2 0 0 7

Transaction ID: 21649404

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John B Moskow

Mailing Address

2201 Plumbrook Dr

City

Austin

State

TX

Zip Code

78746-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Svc Partners

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  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650053

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Monica M McMillan

Mailing Address

4027 Sisteron Ct

City

Merced

State

CA

Zip Code

95348-9540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Med Ctr Merced

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  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650058

Amount of Each Receipt this Period

250.00

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

900.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 61 / 275

(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)

Dr. Steven Kulick

Mailing Address

13206 N Hawthorne Ct

City

Mequon

State

WI

Zip Code

53097-1902

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 ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650086

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Skienzielewski

Mailing Address

1325 Red Ln

City

Danville

State

PA

Zip Code

17821-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geisinger Med Ctr

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  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650089

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brooks F Bock

Mailing Address

5764 Bloomfield Glens

City

W Bloomfield

State

MI

Zip Code

48322-2501

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harper Univ Hosp

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  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650093

Amount of Each Receipt this Period

1000.00

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

1865.00

**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  
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FOR LINE NUMBER: PAGE 62 / 275

(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)

Dr. George Philip Lum

Mailing Address

5959 Tamarisk Way

City

San Luis Obispo

State

CA

Zip Code

93401-8930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
105 Main St # 4

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  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650101

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amanda J Zopp

Mailing Address

2120 Hastings Dr

City

Charlotte

State

NC

Zip Code

28207-2426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cabarrus Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 2 / 2 0 0 7

Transaction ID: 21650108

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rolland S Olds

Mailing Address

PO Box 500

City

Point Clear

State

AL

Zip Code

36564-0500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 21764239

Amount of Each Receipt this Period

250.00

**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)  
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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Jon Smolin

Mailing Address

3435 Pebble Ridge Dr

City

York

State

PA

Zip Code

17402-4349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of York County LLC

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  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 21764243

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kevin Tishkowski

Mailing Address

1351 Angela Dr W

City

Saginaw

State

MI

Zip Code

48609-4262

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

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  
0 9 / 1 4 / 2 0 0 7

Transaction ID: 21764244

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Neal A Kaforey

Mailing Address

2271 Cross Creek Trl

City

Cuyahoga Falls

State

OH

Zip Code

44223-1271

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente Emerg

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  
0 9 / 1 7 / 2 0 0 7

Transaction ID: 21764739

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**

Use separate schedule(s)  
for each category of the  
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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gina M Abbruzzi

Mailing Address

2123 River Chase Dr

City

Eden

State

NC

Zip Code

27288-9463

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morehead Memorial 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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21767867

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas M Bell

Mailing Address

626 Vista Dr

City

Tacoma

State

WA

Zip Code

98465-1421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas M Bell, DO, 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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21767869

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Craig D Boone

Mailing Address

23845 State Rd 37 N

City

Noblesville

State

IN

Zip Code

46060-6960

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMGI

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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21767870

Amount of Each Receipt this Period

500.00

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

1500.00

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



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

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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew N Dommer

Mailing Address

9444 Maricopa Trl

City

Kalamozoo

State

MI

Zip Code

49009-4961

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southwestern MI Emer Svc  
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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21767880

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gloria J Kuhn

Mailing Address

30062 White Hall Dr

City

Farmington Hls

State

MI

Zip Code

48331-1994

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med Ctr Emer Svcs

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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21767891

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael E Whiting

Mailing Address

1224 Camino De Cruz Blanca

City

Santa Fe

State

NM

Zip Code

87505-0380

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Northern New Mexico Emerg-  
ency

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21770112

Amount of Each Receipt this Period

500.00

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

1900.00

**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)

<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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Louis-Marcel A Cesar

Mailing Address

PO Box 180253

City

Delafield

State

WI

Zip Code

53018-0253

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Louis-Marcel A Cesar, MD

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
0	9		1	8		2	0	0	7

Transaction ID: 21770159

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christopher C Steffy

Mailing Address

1328 Sunset Dr

City

Ft Wayne

State

IN

Zip Code

46807-2952

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Parkview 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
0	9		1	8		2	0	0	7

Transaction ID: 21770179

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marc M Dreier

Mailing Address

295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
The Valley Hosp

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
0	9		2	4		2	0	0	7

Transaction ID: 21774699

Amount of Each Receipt this Period

100.00

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

900.00

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 67 / 275

(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)

Dr. Rashid J Baddoura

Mailing Address

120 Heights Rd

City

Ridgewood

State

NJ

Zip Code

07450-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Hospital

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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21774749

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Irma E Nin

Mailing Address

2950 N Beach Rd # B 421

City

Englewood

State

FL

Zip Code

34223-9000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bon Secours Venice 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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21782978

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jenefer L Oyama

Mailing Address

1717 Mott-Smith Dr #1908

City

Honolulu

State

HI

Zip Code

96822-2830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Queens Med Ctr Emerg Grp  
Inc

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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21782979

Amount of Each Receipt this Period

400.00

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

1900.00

**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 68 / 275

(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)

Dr. Andrew Prechtel

Mailing Address

4238 Cantey Pl

City

Charlotte

State

NC

Zip Code

28211-3401

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEMA

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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21782981

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Willson

Mailing Address

6105 Fremont Ave N

City

Seattle

State

WA

Zip Code

98103-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Willson, MD

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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21783006

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark Gordon Flammer

Mailing Address

1691 N 200 W

City

Centerville

State

UT

Zip Code

84014-1160

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21783008

Amount of Each Receipt this Period

365.00

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

915.00

**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  
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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Neil E Winston

Mailing Address

1476C S Prairie Ave

City

Chicago

State

IL

Zip Code

60605-2884

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Neil E Winston, 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  
0 9 / 2 4 / 2 0 0 7

Transaction ID: 21783012

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Suvir Philip Kovoov

Mailing Address

700 Muirwood Dr NE

City

Warren

State

OH

Zip Code

44484-4136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howland Surgery 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  
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21783023

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert H Potts, Jr

Mailing Address

PO Box 3319

City

Copper Mountain

State

CO

Zip Code

80443-3319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vail Valley 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  
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21783026

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 70 / 275

(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)

Dr. David Paul Ruby

Mailing Address

1119 E LeMarche Ave

City

Phoenix

State

AZ

Zip Code

85022-3136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Paul Ruby, DO

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  
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21783028

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lloyd J Gueringer, Jr

Mailing Address

124 Chestnut St

City

Mandeville

State

LA

Zip Code

70471-3002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Louisiana Heart 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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21783032

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lisa Dianne Hrutkay

Mailing Address

RR #1 Box 156

City

Valley Grove

State

WV

Zip Code

26060-8910

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMSTAR OVMC

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21783036

Amount of Each Receipt this Period

1000.00

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

1800.00

**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 71 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Julian L Kadish

Mailing Address

72 Reservoir St

City

Norton

State

MA

Zip Code

02766-2202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Milford Whitinsville 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  
0 9 / 2 8 / 2 0 0 7

Transaction ID: 21788128

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Werdmann

Mailing Address

240 Porters Hill Rd

City

Monroe

State

CT

Zip Code

06468-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bridgeport Hosp ED

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  
0 9 / 0 5 / 2 0 0 7

Transaction ID: 21788221

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Beverly H Bauman

Mailing Address

PO Box 3035

City

Reno

State

NV

Zip Code

89505-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beverly H Bauman, MD, FAC-  
EP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 0 / 2 0 0 7

Transaction ID: 21788251

Amount of Each Receipt this Period

275.00

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

1275.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 275

(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)

Dr. Joseph J Calabro

Mailing Address

15 Hance Rd

City

Fair Haven

State

NJ

Zip Code

07704-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phys Pract Enhancement

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  
0 9 / 2 0 / 2 0 0 7

Transaction ID: 21788254

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nathan P Watkins

Mailing Address

615 Williams St

City

Denver

State

CO

Zip Code

80218-3641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Med Ctr

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  
0 9 / 2 0 / 2 0 0 7

Transaction ID: 21788257

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert W Kottman

Mailing Address

224 Canada Verde St

City

San Antonio

State

TX

Zip Code

78232-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MedaPhase

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  
0 9 / 2 6 / 2 0 0 7

Transaction ID: 21788259

Amount of Each Receipt this Period

1000.00

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

2100.00

**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 73 / 275

(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)

Dr. Hugh F Hill, III

Mailing Address

6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Hopkins Bayview Dept  
EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21794285

Amount of Each Receipt this Period

1100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas B Ramirez

Mailing Address

7304 Ivycrest Place

City

Annandale

State

VA

Zip Code

22003-1657

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Silver Spring Emergency  
Physic

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800882

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Diane Sigrid Ruschke

Mailing Address

1733 E 6400 S

City

Salt Lake City

State

UT

Zip Code

84121-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800885

Amount of Each Receipt this Period

1000.00

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

2300.00

**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 74 / 275

(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)

Dr. Patricia A Ryan

Mailing Address

7040 E Soyaluna Pl

City

Tucson

State

AZ

Zip Code

85715-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Tucson Emerg Phy

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800887

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William K Sheffield

Mailing Address

5703 S 950 E

City

S Ogden

State

UT

Zip Code

84405-4983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800892

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James G Sowards

Mailing Address

6531 N Greenwich Pl

City

Peoria

State

IL

Zip Code

61615-6627

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CES

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800895

Amount of Each Receipt this Period

500.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 75 / 275

(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)

Dr. Dennis T Uehara

Mailing Address

5092 Crofton Dr

City

Rockford

State

IL

Zip Code

61114-5422

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rockford Memorial Hosp ED

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800897

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wesley Zeger

Mailing Address

290 Skyline Dr

City

Elkhorn

State

NE

Zip Code

68022-1788

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of NE 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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800900

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Teresa M Rainone

Mailing Address

11 Tinker Bluff Ct

City

Setauket

State

NY

Zip Code

11733-4051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J T Mather Hospital, ED

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800905

Amount of Each Receipt this Period

500.00

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

1250.00

**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 76 / 275

(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)

Dr. Steven C Eccher

Mailing Address

3808 Donald Ave

City

Key West

State

FL

Zip Code

33040-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steven C Eccher, MD, FACEP

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800906

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marc M Dreier

Mailing Address

295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800908

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jorge del Castillo

Mailing Address

614 Knox Ave

City

Wilmette

State

IL

Zip Code

60091-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evanston Hosp

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21800909

Amount of Each Receipt this Period

500.00

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

1200.00

**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 77 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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  
Drs for Emergency Service  
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
0	9	/	2	5	/	2	0	0	7

Transaction ID: 21800911

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David E Custodio

Mailing Address

550 Oakmont Ln

City

Aurora

State

OH

Zip Code

44202-8596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summa Emer Assocd Inc

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
0	9	/	2	6	/	2	0	0	7

Transaction ID: 21800932

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Amy S Archer Uyenishi

Mailing Address

21387 Prescott Ct

City

Kildeer

State

IL

Zip Code

60047-8859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Resurrection Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	9	/	2	0	0	7

Transaction ID: 21809265

Amount of Each Receipt this Period

83.37

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

383.37

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

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

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

FOR LINE NUMBER: PAGE 78 / 275

(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)

Dr. Brien Alfred Barnewolt

Mailing Address

68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21809422

Amount of Each Receipt this Period

83.37

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21809594

Amount of Each Receipt this Period

83.37

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21809719

Amount of Each Receipt this Period

85.00

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

251.74

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

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

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

FOR LINE NUMBER: PAGE 79 / 275

(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)

Dr. Marsha D Ford

Mailing Address

6836 Alexander Rd

City

Charlotte

State

NC

Zip Code

28270-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21809820

Amount of Each Receipt this Period

41.63

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel G Hankins

Mailing Address

9652 55th Ave NW

City

Oronoco

State

MN

Zip Code

55960-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

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  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21809875

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Peter John

Mailing Address

20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

580.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21809906

Amount of Each Receipt this Period

40.00

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

181.63

**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 80 / 275

(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)

Dr. Lee E Payne

Mailing Address

904 Luke St

City

Travis Afb

State

CA

Zip Code

94535-1354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21813300

Amount of Each Receipt this Period

83.37

**B.**

Full Name (Last, First, Middle Initial)

Dr. Carol Rogala

Mailing Address

36110 Cherrywood St

City

Yucaipa

State

CA

Zip Code

92399-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carol Rogala, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21813380

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David William Ross

Mailing Address

15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21813437

Amount of Each Receipt this Period

83.37

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

191.74

**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 81 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Curtis Clinton Sandy

Mailing Address

1711 Bachelor Cir

City

Pocatello

State

ID

Zip Code

83201-2265

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Portneuf Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	7

Transaction ID: 21813524

Amount of Each Receipt this Period

83.37

**B.**

Full Name (Last, First, Middle Initial)

Mr Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Gordon Wheeler

Occupation

FEC

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	7

Transaction ID: 21813600

Amount of Each Receipt this Period

83.37

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Marie McLean

Mailing Address

1301 Glendale Ave

City

Saginaw

State

MI

Zip Code

48638-4723

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	0	7

Transaction ID: 21813678

Amount of Each Receipt this Period

100.00

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

266.74

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 82 / 275

(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)

Dr. William Alan May

Mailing Address

515 Overlook Terr

City

Cumberland

State

MD

Zip Code

21502-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21813787

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

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  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21814180

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Powell

Mailing Address

40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21814267

Amount of Each Receipt this Period

100.00

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 83 / 275

(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)

Dr. Gregory L Shangold

Mailing Address

66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21814338

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kahang Lee Chan

Mailing Address

3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kahang Lee Chan, 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  
0 9 / 2 9 / 2 0 0 7

Transaction ID: 21814443

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Grant Ervin

Mailing Address

4014 Mansion Dr NW

City

Washington

State

DC

Zip Code

20007-2147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Hosp 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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 21905421

Amount of Each Receipt this Period

250.00

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

433.33

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

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

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

FOR LINE NUMBER: PAGE 84 / 275

(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)

Dr. John C Benanti

Mailing Address

27 Duggan Dr

City

Framingham

State

MA

Zip Code

01702-6109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Shore Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 21905433

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Amy Jill Snover

Mailing Address

100 Rhoads Hill Rd

City

Danville

State

PA

Zip Code

17821-9327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geisinger Med Ctr ED

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 21905435

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert T Malinowski

Mailing Address

660 Norborne Ave

City

Dearborn Hts

State

MI

Zip Code

48127-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sinai Grace Hosp

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  
1 0 / 0 6 / 2 0 0 7

Transaction ID: 21905436

Amount of Each Receipt this Period

1000.00

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

1400.00

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

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

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

FOR LINE NUMBER: PAGE 85 / 275

(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)

Dr. William W Colgate

Mailing Address

4411 Bee Rdg Rd # 627

City

Sarasota

State

FL

Zip Code

34233-2514

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
William W Colgate, MD, FA-  
CEP

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  
1 0 / 0 7 / 2 0 0 7

Transaction ID: 21905458

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ann Marie Garritano

Mailing Address

19001 Audette St

City

Dearborn

State

MI

Zip Code

48124-4275

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Ann Marie Garritano, 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  
1 0 / 0 7 / 2 0 0 7

Transaction ID: 21905459

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Eduard Suter

Mailing Address

5926 St Marks Cir

City

Dallas

State

TX

Zip Code

75230-4048

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greater Houston 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  
1 0 / 0 7 / 2 0 0 7

Transaction ID: 21905460

Amount of Each Receipt this Period

1000.00

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

1450.00

**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 86 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. David E Wilcox

Mailing Address

57 Highwood Dr

City

S Glastonbury

State

CT

Zip Code

06073-2907

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
David E Wilcox, MD, FACEP

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
1	0	/	0	2	/	2	0	0	7

Transaction ID: 21910467

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William B Solik

Mailing Address

3423 Nugent Blvd

City

Columbus

State

IN

Zip Code

47203-1607

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Emerg Physicians Inc Columbus

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
1	0	/	0	3	/	2	0	0	7

Transaction ID: 21910477

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Norman A Chapin

Mailing Address

699 Mountain Ave

City

Purling

State

NY

Zip Code

12470-3508

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Columbia Emerg Services

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
1	0	/	0	3	/	2	0	0	7

Transaction ID: 21910483

Amount of Each Receipt this Period

500.00

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

1750.00

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 87 / 275

(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)

Dr. Janet Eng

Mailing Address

3810 Royale Dr

City

State

Zip Code

Holt

MI

48842-9758

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eaton Rapids 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  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 21910487

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Diana L Fite

Mailing Address

PO Box 2029

City

State

Zip Code

Waller

TX

77484-2029

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 ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 21910489

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William K Hawley

Mailing Address

368 N Lake Rd

City

State

Zip Code

Birmingham

AL

35242-7014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cherokee Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 21910495

Amount of Each Receipt this Period

25.00

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

365.00

**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 88 / 275

(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)

Dr. Shabbir Kanji

Mailing Address

6726 Keating Ave

City

Lincolnwood

State

IL

Zip Code

60712-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Shepherd Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 7

Transaction ID: 21910540

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald C Correll

Mailing Address

38 Haverhill Dr

City

Jackson

State

TN

Zip Code

38305-8506

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jackson Madison Cty Gen  
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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 21911954

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Carrasco

Mailing Address

7113 Falling Water Ln

City

Plano

State

TX

Zip Code

75024-7497

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr of Plano

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

610.01

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 2 / 2 0 0 7

Transaction ID: 21922946

Amount of Each Receipt this Period

510.01

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

1175.01

**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 89 / 275

(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)

Dr. Kenneth P Schultheis

Mailing Address

3101 Fleur Dr

City

Des Moines

State

IA

Zip Code

50321-1709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Acute Care Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 5 / 2 0 0 7

Transaction ID: 21922967

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bradford J Bowls

Mailing Address

3219 Oberlin Ave

City

Orlando

State

FL

Zip Code

32804-3840

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL Emerg 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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 21922971

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Paul Wahlheim

Mailing Address

310 W Holly St

City

Phoenix

State

AZ

Zip Code

85003-1117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPower Emerg Phys PC

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  
1 0 / 0 4 / 2 0 0 7

Transaction ID: 21940632

Amount of Each Receipt this Period

250.00

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

1350.00

**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 90 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Howard Willson

Mailing Address

6105 Fremont Ave N

City

Seattle

State

WA

Zip Code

98103-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Willson, MD

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
0	9		2	5		2	0	0	7

Transaction ID: 21940654

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Agee

Mailing Address

2507 Shannon Dr

City

Valparaiso

State

IN

Zip Code

46383-2447

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Unity Phys Grp

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
1	0		0	9		2	0	0	7

Transaction ID: 21941122

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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  
James B Aiken, MD MHA FAC-EP

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
1	0		0	9		2	0	0	7

Transaction ID: 21941123

Amount of Each Receipt this Period

250.00

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

800.00

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 91 / 275

(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)

Dr. Luther Kristian Arnold

Mailing Address

45 Lincoln St

City

Lexington

State

MA

Zip Code

02421-6805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Luther Kristian Arnold,  
MD, FACEP

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941124

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce S Auerbach

Mailing Address

8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sturdy Mem Hosp

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941126

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brien Alfred Barnewolt

Mailing Address

68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941130

Amount of Each Receipt this Period

83.33

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

1283.33

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

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

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

FOR LINE NUMBER: PAGE 92 / 275

(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)

Dr. Joseph Bergen

Mailing Address

173 Littleton Cnty Rd

City

Harvard

State

MA

Zip Code

01451-1459

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941133

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941138

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ashley E Booth

Mailing Address

3915 Riverside Ave

City

Jacksonville

State

FL

Zip Code

32205-9336

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shands Jacksonville Educ

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941139

Amount of Each Receipt this Period

250.00

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

583.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941141

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Theodore A Christopher

Mailing Address Jefferson Emer Phys

239 Thompson Bldg-1020 Samson

City

Philadelphia

State

PA

Zip Code

19107-5002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jefferson 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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941144

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. L Anthony Cirillo

Mailing Address

91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rhode Island Dept of Hlth

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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941155

Amount of Each Receipt this Period

250.00

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

1350.00

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 94 / 275

(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)

Dr. 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

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941157

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. James Michael Cusick

Mailing Address

10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Medical Director  
AMR

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941160

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Fred Dennis

Mailing Address

22287 Mullholland Dr Ste 187

City

Calabasas

State

CA

Zip Code

91302-5157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fred Dennis, MD MBA 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941167

Amount of Each Receipt this Period

500.00

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

2400.00

**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 95 / 275

(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)

Dr. Laurence R DesRochers

Mailing Address

640 Harbor Rd

City

State

Zip Code

Brick

NJ

08724-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comm Med Ctr ER/OP Svcs

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941168

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jennifer Dow

Mailing Address

PO Box 1229

City

State

Zip Code

Girdwood

AK

99587-1229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alaska Reg Hosp

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941169

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kelly Foley

Mailing Address

1133 Pond Cypress Dr

City

State

Zip Code

Virginia Bch

VA

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 ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941179

Amount of Each Receipt this Period

85.00

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

1385.00

**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 96 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941180

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Peggy E Goodman

Mailing Address

388 Claredon Dr

City

Greenville

State

NC

Zip Code

27858-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brody SOM ECU ED

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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941181

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brad Gruehn

Mailing Address

207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brad Gruehn

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941184

Amount of Each Receipt this Period

50.00

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

550.00

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



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

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

FOR LINE NUMBER: PAGE 97 / 275

(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)

Dr. Daniel G Hankins

Mailing Address

9652 55th Ave NW

City

Oronoco

State

MN

Zip Code

55960-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941185

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jay Kaplan

Mailing Address

300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941189

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian F Keaton

Mailing Address

164 Silver Valley Blvd

City

Munroe Falls

State

OH

Zip Code

44262-1084

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summa Hlth Syst

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941195

Amount of Each Receipt this Period

1000.00

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

1200.00

**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 98 / 275

(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)

Dr. Stuart Gary Kessler

Mailing Address

30 Crossridge Cir

City

Marlboro

State

NJ

Zip Code

07746-1963

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elmhurst Hosp Ctr ED

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941196

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Christine A Kletti

Mailing Address

14764 Rosewood Rd

City

Prior Lake

State

MN

Zip Code

55372-1220

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hennepin Cty Med Ctr

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941202

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Jason Korvek

Mailing Address

1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny Gen Hosp

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941203

Amount of Each Receipt this Period

100.00

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

700.00

**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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Eric J Lavonas

Mailing Address

507 Moncure Dr

City

Charlotte

State

NC

Zip Code

28209-3458

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED MEB-3

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941212

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kirk Lufkin

Mailing Address

21145 Rivendell Tr

City

Houghton

State

MI

Zip Code

49931-9034

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portage Hlth Syst

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941278

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Matthew Lyon

Mailing Address

180 E Shoreline Dr

City

North Augusta

State

SC

Zip Code

29841-5405

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Coll of Georgia

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941283

Amount of Each Receipt this Period

300.00

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

725.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 100 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. David S McClellan

Mailing Address

311 W Wilson Ave

City

Spokane

State

WA

Zip Code

99208-7224

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Med Ctr ED

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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941290

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jacob Mark Meredith, III

Mailing Address

1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

783.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941338

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. David L Meyers

Mailing Address

2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941346

Amount of Each Receipt this Period

1000.00

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

1333.33

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

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

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

FOR LINE NUMBER: PAGE 101 / 275

(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)

Dr. John S Milne

Mailing Address

530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941426

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ira R Nemeth

Mailing Address

3225 Turtle Creek Blvd Apt 134

City

Dallas

State

TX

Zip Code

75219-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ira R Nemeth, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941428

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ernest Page, II

Mailing Address

11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941429

Amount of Each Receipt this Period

250.00

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

433.33

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

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

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

FOR LINE NUMBER: PAGE 102 / 275

(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)

Dr. Lee E Payne

Mailing Address

904 Luke St

City

Travis Afb

State

CA

Zip Code

94535-1354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941437

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Louise A Prince

Mailing Address

1700 North Rd

City

Tully

State

NY

Zip Code

13159-9450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Upstate Med Univ ED

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941438

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher R Pund

Mailing Address

872 Golden Bell Pl

City

Lexington

State

KY

Zip Code

40515-1198

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ephraim McDowell Reg 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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941440

Amount of Each Receipt this Period

1000.00

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

1333.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 103 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. R Myles Riner

Mailing Address

268 Princeton Ave

City

Mill Valley

State

CA

Zip Code

94941-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer Phys Med Grp

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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941446

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Raymond Remo Rudoni

Mailing Address

17115 Kings Fairway Ln

City

Grand Blanc

State

MI

Zip Code

48439-8675

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Specialists 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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941458

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John Skindzielewski

Mailing Address

1325 Red Ln

City

Danville

State

PA

Zip Code

17821-8416

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Geisinger Med Ctr

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
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941467

Amount of Each Receipt this Period

100.00

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

1250.00

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 104 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Virgil W Smaltz

Mailing Address

10 Saint Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

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 ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941488

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard L Stennes

Mailing Address

2533 Calle Del Oro

City

La Jolla

State

CA

Zip Code

92037-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Richard L Stennes, MD, FA-  
CEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941520

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald S Strony

Mailing Address

6660 Richardson Rd

City

Fairview

State

PA

Zip Code

16415-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamot Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	9	/	2	0	0	7

Transaction ID: 21941549

Amount of Each Receipt this Period

83.33

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

1333.33

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



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

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

FOR LINE NUMBER: PAGE 105 / 275

(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)

Dr. 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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941554

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. J Andrew Sumner

Mailing Address

9708 Kenmore Dr

City

Kensington

State

MD

Zip Code

20895-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sibley Mem Hosp ED

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941555

Amount of Each Receipt this Period

800.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Bradley J Uren

Mailing Address

255 Fairmount St

City

Whitmore Lake

State

MI

Zip Code

48189-9581

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Michigan

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941558

Amount of Each Receipt this Period

250.00

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

1300.00

**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 106 / 275

(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)

Dr. Matthew J Watson

Mailing Address

1280 Longpointe Pass

City

Alpharetta

State

GA

Zip Code

30005-2284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Matthew J Watson, MD, FAC-  
EP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941560

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Deborah E Weber

Mailing Address

1420 Shawnee Trl

City

Riverwood

State

IL

Zip Code

60015-1631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Gen Hosp ED

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941561

Amount of Each Receipt this Period

900.00

**C.**

Full Name (Last, First, Middle Initial)

Mr Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gordon Wheeler

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941564

Amount of Each Receipt this Period

100.00

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

1900.00

**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 107 / 275

(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)

Dr. Brian S Zachariah

Mailing Address

3606 Acorn Wood Way

City

Houston

State

TX

Zip Code

77059-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept of Surgery ED

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21941565

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael G Maxwell

Mailing Address

2222 Janet Dr

City

Jacksonville

State

FL

Zip Code

32259-9284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lukes Hosp

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  
0 9 / 2 5 / 2 0 0 7

Transaction ID: 21942683

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carla Elizabeth Murphy

Mailing Address

1196 Preserve Cir

City

Golden

State

CO

Zip Code

80401-7045

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Svc Phys PC

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 21943833

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 108 / 275

(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)

Dr. Robert K Anzinger

Mailing Address

519 Edgewood Pl

City

River Forest

State

IL

Zip Code

60305-1607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hospital

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21944611

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brahim Ardolic

Mailing Address

7 Hathaway Dr

City

New Providence

State

NJ

Zip Code

07974-1632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Staten Island Univ Dept  
of EM

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21945275

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jerry Ray Balentine, Jr

Mailing Address

237 Grace Church St

City

Rye

State

NY

Zip Code

10580-4217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Barnabas Hosp ED

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21945984

Amount of Each Receipt this Period

250.00

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

900.00

**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 109 / 275

(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)

Dr. Walter J Bradley

Mailing Address

PO Box 39

City

Moline

State

IL

Zip Code

61266-0039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Medical Center

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21945997

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Andrea M Brault

Mailing Address Emergency Groups Office

444 E Huntington Dr # 300

City

Arcadia

State

CA

Zip Code

91006-6258

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Groups Office

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21945998

Amount of Each Receipt this Period

350.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael L Carius

Mailing Address

75 Oak Bluff Ave

City

Stratford

State

CT

Zip Code

06615-7714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norwalk Hosp Emerg 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21946004

Amount of Each Receipt this Period

1000.00

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

1600.00

**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 110 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Cal Chaney

Mailing Address ACEP

PO Box 619911

City

Dallas

State

TX

Zip Code

75261-9911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ACEPOccupation  
FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	0		2	0	0	7

Transaction ID: 21946005

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mitchell B Cordover

Mailing Address

14616 Adgers Wharf

City

Chesterfield

State

MO

Zip Code

63017-5606

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mitchell B Cordover, MD,  
FACEPOccupation  
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
1	0		1	0		2	0	0	7

Transaction ID: 21946008

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Pamela V Cutler

Mailing Address

6405 Ave La Cuchilla NW

City

Albuquerque

State

NM

Zip Code

87107-5601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pam CutlerOccupation  
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
1	0		1	0		2	0	0	7

Transaction ID: 21946011

Amount of Each Receipt this Period

150.00

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

600.00

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

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

Use separate schedule(s)  
for each category of the  
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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Joseph S Fastow

Mailing Address

7900 Wisconsin Ave #406

City

Bethesda

State

MD

Zip Code

20814-3634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Calvert Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952169

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Diana L Fite

Mailing Address

PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952172

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address

6836 Alexander Rd

City

Charlotte

State

NC

Zip Code

28270-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952173

Amount of Each Receipt this Period

42.00

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

1132.00

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

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

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 112 / 275

(check only one)

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

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael Joseph Gerardi

Mailing Address

29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

684.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952176

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael Alfred Gibbs

Mailing Address

16 Riverside Dr

City

Falmouth

State

ME

Zip Code

04105-2109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Med Ctr ED

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952177

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Theodore E Glynn

Mailing Address

1715 Roseland Ave

City

East Lansing

State

MI

Zip Code

48823-4760

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phys Assoc PC

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952188

Amount of Each Receipt this Period

250.00

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

1334.00

**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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mylissa Amy Graber

Mailing Address

7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952189

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Theresa Gunnarson

Mailing Address

7460 Eagle Ridge Rd

City

Orr

State

MN

Zip Code

55771-8473

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Marys 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952193

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael G Guttenberg

Mailing Address

71-18 Sutton Pl # 2

City

Fresh Meadows

State

NY

Zip Code

11365-4135

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Josephs 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952205

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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Robert Heard

Mailing Address

6007 Stefani Dr

City

Dallas

State

TX

Zip Code

75225-1922

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert HeardCAE

Occupation  
FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952206

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Larry Hobbs

Mailing Address

12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SW Florida Reg Med Ctr

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952212

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David Peter John

Mailing Address

20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Middlesex Hosp ED

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

680.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952214

Amount of Each Receipt this Period

100.00

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

1200.00

**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: PAGE 115 / 275

(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)

Dr. Kevin M Kendall

Mailing Address

5 Broad St

City

Falmouth

State

ME

Zip Code

04105-1504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Central Maine Med Ctr ED

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952216

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Marvin Leibovich

Mailing Address

10618 Zuber Rd

City

Alexander

State

AR

Zip Code

72002-9002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of AR for Med Sci

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952224

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven J Lipsky

Mailing Address

6721 N 62nd St

City

Paradise Valley

State

AZ

Zip Code

85253-4309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Paradise Valley Emerg 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952226

Amount of Each Receipt this Period

900.00

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

2150.00

**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 116 / 275

(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)

Dr. Mark L Mackey

Mailing Address

1225 W Lexington St

City

Chicago

State

IL

Zip Code

60607-4166

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of IL C(H) - Room 16-  
00

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952246

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John B McCabe

Mailing Address

4447 Swissvale Dr

City

Manlius

State

NY

Zip Code

13104-9561

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Upstate Medical Univ

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952251

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard Y McConnell

Mailing Address

409 Old Landing Rd

City

Covington

State

LA

Zip Code

70433-4317

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Clinic

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952253

Amount of Each Receipt this Period

250.00

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

750.00

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

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

Use separate schedule(s)  
for each category of the  
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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Dennis Lucas McGill

Mailing Address

19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21952256

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Helmut W Meisl

Mailing Address

130 Stadler Dr

City

Woodside

State

CA

Zip Code

94062-4817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21953559

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David James Mendelson

Mailing Address

4633 Post Oak Dr

City

Frisco

State

TX

Zip Code

75034-5130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare, 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21953560

Amount of Each Receipt this Period

1000.00

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

1850.00

**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 118 / 275

(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)

Dr. 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  
Professional Emerg Phys  
Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21953563

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David T Overton

Mailing Address

2012 Timberview Dr

City

Okemos

State

MI

Zip Code

48864-5998

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
MSU/KCMS

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21953564

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Martin Axel Reznik

Mailing Address

6533 E Jefferson Ave Apt 417

City

Detroit

State

MI

Zip Code

48207-3881

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Detroit Receiving 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21953570

Amount of Each Receipt this Period

500.00

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

1600.00

**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 119 / 275

(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)

Dr. Paul F Robinson

Mailing Address

6 Woodberry Ct

City

Little Rock

State

AR

Zip Code

72212-2740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EM/Urgent Care Inc

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21967601

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David William Ross

Mailing Address

15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.01

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21967604

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Sama

Mailing Address

253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21967605

Amount of Each Receipt this Period

250.00

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

900.00

**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 120 / 275  
(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)

Dr. David M Siegel

Mailing Address

10 Hilltop Terr N

City

Red Bank

State

NJ

Zip Code

07701-2417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David M Siegel, MD JD FAC-  
EP

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21967608

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert C Solomon

Mailing Address

214 Briar Path

City

Imperial

State

PA

Zip Code

15126-9686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steel Vly Emer Phys

Occupation

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21967646

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ted W Switzer

Mailing Address

14719 Sir Huon St

City

San Antonio

State

TX

Zip Code

78248-1147

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ted W Switzer, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1010.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21967744

Amount of Each Receipt this Period

1000.00

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

1983.33

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



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

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

FOR LINE NUMBER: PAGE 121 / 275

(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)

Dr. Robert Thomas VanHook

Mailing Address

4009 Clipper Ln

City

Portsmouth

State

VA

Zip Code

23703-5302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Naval Med Ctr/ Portsmouth

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21968209

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Richard L Vermeer

Mailing Address

27889 Bowker Dr

City

LeClaire

State

IA

Zip Code

52753-9780

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Genesis Med Ctr

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21968330

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gert-Paul Walter

Mailing Address

71 Whitcomb Rd

City

Boxborough

State

MA

Zip Code

01719-2213

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emerson 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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 21968677

Amount of Each Receipt this Period

200.00

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

950.00

**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 122 / 275

(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)

Dr. Jo Linder

Mailing Address

18 Stagecoach Rd

City

Falmuth

State

ME

Zip Code

04105-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21970605

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Roland Magill

Mailing Address

3304 Winnipeg Dr

City

Bismarck

State

ND

Zip Code

58503-0455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Alexius 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  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21970706

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Sarah McCullough

Mailing Address

3304 Winnipeg Dr

City

Bismarck

State

ND

Zip Code

58503-0455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Alexius

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  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 21970817

Amount of Each Receipt this Period

250.00

**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 PageFOR LINE NUMBER: PAGE 123 / 275  
(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Wen Haw Liaw

Mailing Address

10 Gum Tree Ln

City

Lafayette Hill

State

PA

Zip Code

19444-2432

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N Philadelphia Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: 21973180

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Todd Curtis Rothenhaus

Mailing Address

422 Huron Ave

City

Cambridge

State

MA

Zip Code

02138-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Univ Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	0	7

Transaction ID: 21973371

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Clifford J Fields

Mailing Address

41 Exeter St

City

Providence

State

RI

Zip Code

02906-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kent Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	0	7

Transaction ID: 21975408

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  
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FOR LINE NUMBER: PAGE 124 / 275

(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)

Dr. Beth Ellen Lapka

Mailing Address

4600 S Deerfield Cir

City

Sioux Falls

State

SD

Zip Code

57105-7057

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Sioux Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 21976694

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brian D Rempe

Mailing Address

621 Centervue Rd

City

Bradfordwoods

State

PA

Zip Code

15015-1303

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 21978693

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Allen L Roberts

Mailing Address

9125 Benview Ct

City

Fort Worth

State

TX

Zip Code

76126-4305

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMC Ltd

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 21979264

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 125 / 275

(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)

Dr. Peter Viccellio

Mailing Address

19 Valleywood Ct E

City

St James

State

NY

Zip Code

11780-1112

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Hosp at Stony Brook  
ED

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 22004735

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bruce S Whitman

Mailing Address

315 Londonderry Dr

City

Lumberton

State

NC

Zip Code

28358-8316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeastern 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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 22004833

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dennis M Beck

Mailing Address

421 Rembrandt Rd

City

Boulder

State

CO

Zip Code

80302-9478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beacon Med Svcs

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  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 22005759

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: PAGE 126 / 275

(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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Henry

Mailing Address

1850 Washtenaw Ave

City

Ann Arbor

State

MI

Zip Code

48104-3638

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Emergency Phys Med Grp 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
1	0		1	7		2	0	0	7

Transaction ID: 22005825

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Bonnie B Matthaues

Mailing Address

PO Box 7270

City

Wilmington

State

DE

Zip Code

19803-0270

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Med Ctr of Delaware ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	8		2	0	0	7

Transaction ID: 22005998

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Keith T Ghezzi

Mailing Address

7218 Maxmore Creek Dr

City

Easton

State

MD

Zip Code

21601-7634

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Inova Fairfax Hosp ED

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
1	0		1	8		2	0	0	7

Transaction ID: 22006040

Amount of Each Receipt this Period

250.00

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

1350.00

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 127 / 275

(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)

Dr. Josh Simmons

Mailing Address

608 S Ride

City

Tallahassee

State

FL

Zip Code

32303-5136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tallahassee Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 8 / 2 0 0 7

Transaction ID: 22006319

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Claud E Morgan

Mailing Address

2261 Glen Mary Pl

City

Duluth

State

GA

Zip Code

30097-3715

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gwinnett Emer Spec

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  
1 0 / 2 1 / 2 0 0 7

Transaction ID: 22006739

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Rebecca Leigh Holcomb

Mailing Address

6031 Fairfax Rd

City

Baxter

State

MN

Zip Code

56425-8509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bronson Methodist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 22085136

Amount of Each Receipt this Period

250.00

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

600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 128 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gary Figge

Mailing Address

8039 N Tuscany Dr

City

Tucson

State

AZ

Zip Code

85742-4348

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW 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  
1 0 / 2 3 / 2 0 0 7

Transaction ID: 22085238

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Phillip L Coule

Mailing Address

165 McBride Rd

City

Augusta

State

GA

Zip Code

30907-1682

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Col of GA ED Bldg AF2-  
037

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 22085266

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 22085267

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: PAGE 129 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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  
Professional Emerg 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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 22085268

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H Michael Webb

Mailing Address

801 Clemont Dr NE

City

Atlanta

State

GA

Zip Code

30306-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spalding Regional Hosp

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  
1 0 / 2 4 / 2 0 0 7

Transaction ID: 22085271

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. George W Molzen

Mailing Address

11 Grasslands Tr

City

Santa Fe

State

NM

Zip Code

87508-1316

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albuquerque Emerg Med Ass-  
oc

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 22085287

Amount of Each Receipt this Period

250.00

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

600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 130 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. John Morris Swanson

Mailing Address

11580 Alpine View Ct

City

State

Zip Code

Truckee

CA

96161-3229

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washoe Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	6		2	0	0	7

Transaction ID: 22085288

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Bennett Cairns

Mailing Address

2707 Creek Run Ct

City

State

Zip Code

Chapel Hill

NC

27514-7452

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Duke Univ 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
1	0		2	9		2	0	0	7

Transaction ID: 22095399

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Timothy James Hall

Mailing Address

1380 Woodhurst Dr

City

State

Zip Code

Rock Hill

SC

29732-2082

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Piedmont Emerg Medicine  
Assoc

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
1	0		2	9		2	0	0	7

Transaction ID: 22095408

Amount of Each Receipt this Period

500.00

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

2000.00

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 131 / 275

(check only one)

<input checked="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

**A.**

Full Name (Last, First, Middle Initial)

Dr. J Stephen Bohan

Mailing Address

7 Whitfield Pl

City

Newport

State

RI

Zip Code

02840-2934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brigham & Womens Hosp ED

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
1	0	/	2	9	/	2	0	0	7

Transaction ID: 22095416

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kahang Lee Chan

Mailing Address

3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kahang Lee Chan, MD, FACEP

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
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095420

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Basil Felegi

Mailing Address

731 Red Lion Way

City

Bridgewater

State

NJ

Zip Code

08807-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morristown Mem Hosp ED

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
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095449

Amount of Each Receipt this Period

250.00

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

600.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095450

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Alan May

Mailing Address

515 Overlook Terr

City

Cumberland

State

MD

Zip Code

21502-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.30

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095466

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Marie McLean

Mailing Address

1301 Glendale Ave

City

Saginaw

State

MI

Zip Code

48638-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095467

Amount of Each Receipt this Period

100.00

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

283.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 133 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Powell

Mailing Address

40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

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 ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095468

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Shangold

Mailing Address

66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	0	/	2	0	0	7

Transaction ID: 22095469

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas C Kupka

Mailing Address

2454 S Paseo Loma Cir

City

Mesa

State

AZ

Zip Code

85202-6443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Physicians Inc

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
1	0	/	0	8	/	2	0	0	7

Transaction ID: 22112448

Amount of Each Receipt this Period

100.00

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 134 / 275

(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)

Dr. John Joseph Reed, Jr

Mailing Address

2917 Hybart St

City

Fayetteville

State

NC

Zip Code

28303-5916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cape Fear Valley 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  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 22112454

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey Alan Moore

Mailing Address

1200 Founders Lake Dr

City

Athens

State

GA

Zip Code

30606-7640

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Athens Reg Med Ctr

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  
1 0 / 0 8 / 2 0 0 7

Transaction ID: 22112481

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William John Angelos

Mailing Address

490 Country Club Dr

City

McDermott

State

OH

Zip Code

45652-8807

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Ohio Medical Center

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  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 22112506

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 135 / 275

(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)

Dr. Gerald William Bortolazzo

Mailing Address

5226 Old Mountain Ln

City

Powder Springs

State

GA

Zip Code

30127-4341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gerald William Bortolazzo,  
MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 22112507

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Russ Braun

Mailing Address

32B Hancock St

City

San Francisco

State

CA

Zip Code

94114-2620

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
VPMA Mercy San Juan MC

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  
1 0 / 1 1 / 2 0 0 7

Transaction ID: 22112508

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gerard Walter Dynkowski

Mailing Address

1596 Whitetail Ln

City

Cedarburg

State

WI

Zip Code

53012-8955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Infinity HealthCare 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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 22112527

Amount of Each Receipt this Period

250.00

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

1300.00

**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 136 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Franklin Daniel Pratt

Mailing Address

302 16th St

City

Santa Monica

State

CA

Zip Code

90402-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
LA County Fire Dept

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
1	0		1	5		2	0	0	7

Transaction ID: 22112535

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Todd Curtis Rothenhaus

Mailing Address

422 Huron Ave

City

Cambridge

State

MA

Zip Code

02138-2126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Boston Univ 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
1	0		1	5		2	0	0	7

Transaction ID: 22112542

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frederick M Schiavone

Mailing Address

31 Pagnotta Dr

City

Prt Jeff Sta

State

NY

Zip Code

11776-4454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Stony Brook Dept EM

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
1	0		1	5		2	0	0	7

Transaction ID: 22112544

Amount of Each Receipt this Period

100.00

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

850.00

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



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

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

FOR LINE NUMBER: PAGE 137 / 275

(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)

Dr. Michelle M Curry

Mailing Address

106 Creekside Ct

City

Greenwood

State

SC

Zip Code

29649-9540

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self Reg Hlth Care

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 22112596

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Rachel A English

Mailing Address

1825 N 74th St

City

Wauwatosa

State

WI

Zip Code

53213-2219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Michael 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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 22112599

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Anthony Wayne Kitchen

Mailing Address

15 Henderson Ln

City

Williamstown

State

WV

Zip Code

26187-8301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Camden-Clark Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 7 / 2 0 0 7

Transaction ID: 22113885

Amount of Each Receipt this Period

250.00

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

700.00

**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 138 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Edmundo R Mandac

Mailing Address

36115 Sherwood Ln

City

Willoughby Hls

State

OH

Zip Code

44094-8484

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Edmundo R Mandac, 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
1	0		1	7		2	0	0	7

Transaction ID: 22113887

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Steven C Eccher

Mailing Address

3808 Donald Ave

City

Key West

State

FL

Zip Code

33040-4511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steven C Eccher, MD, FACEP

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
1	0		2	2		2	0	0	7

Transaction ID: 22113895

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert W Kugler

Mailing Address

15 Independence Cir

City

Middlebury

State

CT

Zip Code

06762-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Mary Hosp

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
1	0		2	2		2	0	0	7

Transaction ID: 22113904

Amount of Each Receipt this Period

1000.00

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

1200.00

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 139 / 275

(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)

Dr. Kenneth V Iserson

Mailing Address

4930 N Calle Faja

City

Tucson

State

AZ

Zip Code

85718-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Section of Emerg Med

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 22113909

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Charles Niziol

Mailing Address

2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laredo 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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 22113910

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gordon Dean Reed

Mailing Address

10 Oak Knoll Cir

City

Newark

State

DE

Zip Code

19711-2490

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors for Emer Svc

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 22113912

Amount of Each Receipt this Period

500.00

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

1000.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 140 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Sharon E Mace

Mailing Address

11961 Laurel Rd

City

Chesterland

State

OH

Zip Code

44026-1757

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Cleveland Clinic ED

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
1	0		2	3		2	0	0	7

Transaction ID: 22113914

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Cannon

Mailing Address

129 Loch Pointe Dr

City

Cary

State

NC

Zip Code

27518-8418

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Wake Emerg Phys

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
1	0		2	4		2	0	0	7

Transaction ID: 22113923

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Bruce Watson

Mailing Address

107 E Burke Ave

City

Towson

State

MD

Zip Code

21286-1118

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Union Mem Hosp ED

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
1	0		2	4		2	0	0	7

Transaction ID: 22113929

Amount of Each Receipt this Period

500.00

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

1750.00

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 141 / 275

(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)

Dr. James Michael Cusick

Mailing Address

10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
National Medical Director  
AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 22113943

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Curtis James Hunter

Mailing Address

25826 Lewis Ranch Rd

City

New Braunfels

State

TX

Zip Code

78132-2512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Curtis James Hunter, MD,  
FACEP

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  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 22113946

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steve R Souter

Mailing Address

10255 S Lordin Ln

City

Sandy

State

UT

Zip Code

84092-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steve R Souter, 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 Y  
1 0 / 2 9 / 2 0 0 7

Transaction ID: 22113952

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 142 / 275

(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)

Dr. Mark S Kruger

Mailing Address

PO Box 1209

City

Sanford

State

FL

Zip Code

32772-1209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL Emerg Phys

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  
1 0 / 0 9 / 2 0 0 7

Transaction ID: 22113966

Amount of Each Receipt this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stan R Stacy

Mailing Address

5506 E 108th St

City

Tulsa

State

OK

Zip Code

74137-7295

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stan R Stacy, DO, FACEP

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  
1 0 / 2 2 / 2 0 0 7

Transaction ID: 22113967

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David L Morgan

Mailing Address

236 Lakeview Rd

City

Eddy

State

TX

Zip Code

76524-2518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott & White Hosp

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  
1 0 / 2 6 / 2 0 0 7

Transaction ID: 22113968

Amount of Each Receipt this Period

1000.00

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

2750.00

**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 143 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Howard Willson

Mailing Address

6105 Fremont Ave N

City

Seattle

State

WA

Zip Code

98103-5646

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard Willson, MD

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  
1 0 / 1 6 / 2 0 0 7

Transaction ID: 22260731

Amount of Each Receipt this Period

-300.00

DUPE CHARGE 9/24 & 9/25  
REFUNDED CC ON 10/16**B.**

Full Name (Last, First, Middle Initial)

Dr. Roger S Perry

Mailing Address

9074 Sunny Brea Cir

City

Sandy

State

UT

Zip Code

84093-2495

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

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  
1 0 / 2 5 / 2 0 0 7

Transaction ID: 22264564

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ramanand V Panse

Mailing Address

5 Doe Dr

City

Freehold

State

NJ

Zip Code

07728-8003

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jersey Shore Medical Cent-  
er

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  
1 0 / 1 5 / 2 0 0 7

Transaction ID: 22281858

Amount of Each Receipt this Period

250.00

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

50.00

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 144 / 275

(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)

Dr. Richard M McDowell

Mailing Address

75-816 #D Hiona St

City

Holualoa

State

HI

Zip Code

96725-9601

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Island Emer Med Svc

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  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 22281872

Amount of Each Receipt this Period

900.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. A Duane Selman

Mailing Address

5205 Saratoga Ln

City

Arlington

State

TX

Zip Code

76017-1864

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Hills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 0 / 2 0 0 7

Transaction ID: 22281878

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Vivian M Barsky

Mailing Address

4463 Via Del Villetti Dr

City

Venice

State

FL

Zip Code

34293-7065

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vivian M Barsky, DO

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  
1 1 / 0 1 / 2 0 0 7

Transaction ID: 22282045

Amount of Each Receipt this Period

500.00

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

2400.00

**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 145 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Catherine L Carrubba

Mailing Address

1002 Centerbrook Dr

City

Brandon

State

FL

Zip Code

33511-8016

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEAM

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  
1 1 / 0 1 / 2 0 0 7

Transaction ID: 22282052

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Lewis Kohl

Mailing Address

279 Hawley Rd

City

N Salem

State

NY

Zip Code

10560-2603

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brookdale University Hosp  
ED

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  
1 1 / 0 1 / 2 0 0 7

Transaction ID: 22282055

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kristzina L Morin

Mailing Address

PO Box 83

City

Addison

State

ME

Zip Code

04606-0083

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Down East Community 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  
1 1 / 0 1 / 2 0 0 7

Transaction ID: 22282058

Amount of Each Receipt this Period

500.00

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

2000.00

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 146 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Michael L Callaham

Mailing Address

62 Alta Vista

City

Orinda

State

CA

Zip Code

94563-2036

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of CA

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  
1 1 / 0 5 / 2 0 0 7

Transaction ID: 22282073

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wayne C Hardwick

Mailing Address

1675 Davis Ln

City

Reno

State

NV

Zip Code

89511-7598

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washoe Med Ctr

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  
1 1 / 0 6 / 2 0 0 7

Transaction ID: 22282159

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David L McCarty

Mailing Address

1820 Salem St

City

Mexico

State

MO

Zip Code

65265-1478

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David L McCarty, MD, FACEP

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  
1 1 / 0 6 / 2 0 0 7

Transaction ID: 22282161

Amount of Each Receipt this Period

250.00

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

650.00

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 147 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew E Tigchelaar

Mailing Address

7024 N Broadway St

City

Indianapolis

State

IN

Zip Code

46220-1070

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent 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  
1 1 / 0 6 / 2 0 0 7

Transaction ID: 22282163

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roy G Belville

Mailing Address

3129 Red Fern Dr NW

City

Olympia

State

WA

Zip Code

98502-3288

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mason General 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  
1 1 / 0 8 / 2 0 0 7

Transaction ID: 22528564

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Kec

Mailing Address

1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RMK MD

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  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 22528568

Amount of Each Receipt this Period

100.00

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

1100.00

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 148 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Mark Krich

Mailing Address

1820 E Claire Dr

City

Phoenix

State

AZ

Zip Code

85022-3932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMPower Emerg Phys

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
1	1	/	1	4	/	2	0	0	7

Transaction ID: 22528587

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas McFarland

Mailing Address

5603 Martin Ave NE

City

Fort Payne

State

AL

Zip Code

35967-8146

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeKalb Baptist Med Ctr

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
1	1	/	2	0	/	2	0	0	7

Transaction ID: 22528602

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Patricia A Bayless

Mailing Address

7233 N 16th Ave

City

Phoenix

State

AZ

Zip Code

85021-7921

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medpro 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
1	1	/	1	6	/	2	0	0	7

Transaction ID: 22528616

Amount of Each Receipt this Period

300.00

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

650.00

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 149 / 275

(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)

Dr. Joseph E Clinton

Mailing Address

6020 Pine Grove Rd

City

Edina

State

MN

Zip Code

55436-1236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MN Med Schl Dept  
of EM

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  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22528618

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert N E French

Mailing Address

4125 N 63rd St

City

Scottsdale

State

AZ

Zip Code

85251-3009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maricopa Co Dept Pub Hlth

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  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22528619

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory J Moran

Mailing Address

2017 Sierra Pl

City

Glendale

State

CA

Zip Code

91208-2428

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Olive View/UCLA Med Ctr,  
DEM

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  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22528621

Amount of Each Receipt this Period

500.00

**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: PAGE 150 / 275

(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)

Dr. Charles Niziol

Mailing Address

2815 Kings Forest Dr

City

Kingwood

State

TX

Zip Code

77339-2450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Laredo Med Ctr

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  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22528622

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Donald E Willman

Mailing Address

13857 S Windcrest Ct

City

Traverse City

State

MI

Zip Code

49684-5577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Consultants Inc

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  
1 1 / 1 6 / 2 0 0 7

Transaction ID: 22528624

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Dolores McCarthy

Mailing Address

322 Estate Point Rd

City

Toms River

State

NJ

Zip Code

08753-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jersey Emerg Med Spec

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  
1 1 / 0 5 / 2 0 0 7

Transaction ID: 22536436

Amount of Each Receipt this Period

300.00

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

1050.00

**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 151 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert V Violante

Mailing Address

1056 University Ave

City

Palo Alto

State

CA

Zip Code

94301-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Clara Valley 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
1	1	/	0	5	/	2	0	0	7

Transaction ID: 22536437

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Barry Dean Spoon

Mailing Address

18565 Hwy AZ

City

Willow Spgs

State

MO

Zip Code

65793-7938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Johns Regl Hlth 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
1	1	/	0	5	/	2	0	0	7

Transaction ID: 22536462

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kurt J Wagner

Mailing Address

605 Jefferson St

City

Hinsdale

State

IL

Zip Code

60521-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palos Emergency Med Serv  
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
1	1	/	0	9	/	2	0	0	7

Transaction ID: 22536495

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 152 / 275  
(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)

Dr. Karen J Alldredge

Mailing Address

6806 Mason Knob Trl

City

Roanoke

State

VA

Zip Code

24018-6934

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lewis Gale Clinic

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  
1 1 / 0 9 / 2 0 0 7

Transaction ID: 22536496

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Penny Heather Ablin

Mailing Address

PO Box 3844

City

Sonora

State

CA

Zip Code

95370-3844

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sonora Reg 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  
1 1 / 2 7 / 2 0 0 7

Transaction ID: 22543285

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Joshua B Weil

Mailing Address

5791 De Soto Ct

City

Santa Rosa

State

CA

Zip Code

95409-7301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Permanente Med Grp Kaiser  
Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 7 / 2 0 0 7

Transaction ID: 22543348

Amount of Each Receipt this Period

200.00

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

1450.00

**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 153 / 275

(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)

Dr. Larry Slaughter

Mailing Address

509 Vieux Carre Ct

City

Columbia

State

MO

Zip Code

65203-0062

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Capital Emer Phys

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  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22544155

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kahang Lee Chan

Mailing Address

3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Kahang Lee Chan, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22544170

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mary Jo Wagner

Mailing Address

5425 Nottingham N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Synergy Med Educ Alliance

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22544173

Amount of Each Receipt this Period

250.00

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

850.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 154 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Shangold

Mailing Address

66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22544181

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Powell

Mailing Address

40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

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 ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22544183

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Brian Hancock

Mailing Address

4827 Pebworth Pl

City

Saginaw

State

MI

Zip Code

48603-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sterling Healthcare

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
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22544184

Amount of Each Receipt this Period

250.00

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

433.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Angela F Gardner

Mailing Address

1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22544441

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22544442

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nancy J Auer

Mailing Address

8517 SE 76th PI

City

Mercer Island

State

WA

Zip Code

98040-5706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Hosp Admin 1SW

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
1	1	/	2	7	/	2	0	0	7

Transaction ID: 22544448

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER: PAGE 156 / 275  
(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)

Dr. Martin J Landa

Mailing Address

926 Deerwood Ct

City

Oneida

State

WI

Zip Code

54155-8628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Infinity Healthcare

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  
1 1 / 2 7 / 2 0 0 7

Transaction ID: 22544456

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John D Uphold

Mailing Address

625 Gould Ter

City

Hermosa Beach

State

CA

Zip Code

90254-2240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Beverly Hosp

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  
1 1 / 2 7 / 2 0 0 7

Transaction ID: 22545389

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John O Newcomb

Mailing Address

15643 Compass Dr

City

Northport

State

AL

Zip Code

35475-3923

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Care

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  
1 1 / 1 2 / 2 0 0 7

Transaction ID: 22545570

Amount of Each Receipt this Period

1000.00

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

1800.00

**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 157 / 275

(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)

Dr. John B Moskow

Mailing Address

2201 Plumbrook Dr

City

Austin

State

TX

Zip Code

78746-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Svc Partners

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  
1 1 / 1 4 / 2 0 0 7

Transaction ID: 22545574

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Regan Andre Schwartz

Mailing Address

2446 Westminster Terr

City

Oviedo

State

FL

Zip Code

32765-7503

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida Emerg 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  
1 1 / 1 4 / 2 0 0 7

Transaction ID: 22545609

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. M McKim Davis

Mailing Address

3916 Welwyn Way

City

Bedford

State

TX

Zip Code

76021-2510

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Plaza Med Ctr of Ft Worth

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  
1 1 / 1 5 / 2 0 0 7

Transaction ID: 22545664

Amount of Each Receipt this Period

100.00

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

1350.00

**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 158 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Donald J Steiner

Mailing Address

1 S 702 Birchbrook Ct

City

Glen Ellyn

State

IL

Zip Code

60137-6880

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Good Samaritan 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
1	1	/	1	5	/	2	0	0	7

Transaction ID: 22545665

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John D Moorehouse

Mailing Address

3349 Allendale Pl

City

Montgomery

State

AL

Zip Code

36111-1634

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Baptist Health

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
1	1	/	2	1	/	2	0	0	7

Transaction ID: 22545758

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Myers Wasson

Mailing Address

5029 Hickory Pte Dr

City

Orchard Lake

State

MI

Zip Code

48323-1516

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Annapolis Hospital

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
1	1	/	2	1	/	2	0	0	7

Transaction ID: 22545759

Amount of Each Receipt this Period

300.00

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

1400.00

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 159 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Bruce Sabatino

Mailing Address

649 Saint Ives Walk

City

Monroe

State

GA

Zip Code

30655-1979

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bruce Sabatino, 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
1	1	/	2	7	/	2	0	0	7

Transaction ID: 22545783

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Randy S Ellis

Mailing Address

PO Box 12158

City

El Paso

State

TX

Zip Code

79913-0158

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Randy S Ellis, MD, FACEP

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
1	1	/	2	8	/	2	0	0	7

Transaction ID: 22545797

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Daniel R Kowalzyk

Mailing Address

8145 Piute Trl

City

Tingle Park

State

IL

Zip Code

60477-6522

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Francis 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
1	1	/	2	8	/	2	0	0	7

Transaction ID: 22545800

Amount of Each Receipt this Period

500.00

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

1750.00

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 160 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Matthew J Walsh

Mailing Address

5009 Virginia Ct NE

City

Rio Rancho

State

NM

Zip Code

87144-8636

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of New Mexico ER Dept

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
1	1	/	2	8	/	2	0	0	7

Transaction ID: 22545802

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Hugh H Hemsley, Jr

Mailing Address

12624 Chesdin Landing Dr

City

Chesterfield

State

VA

Zip Code

23838-3231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hugh H Hemsley Jr, MD, FA-  
CEP

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
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22545810

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Clare McCarthy

Mailing Address

1511 Highland Ave

City

Louisville

State

KY

Zip Code

40204-2044

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Office of Chief Med Exami-  
ner

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
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22545812

Amount of Each Receipt this Period

500.00

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

1100.00

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 161 / 275

(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)

Dr. Kevin A Osgood

Mailing Address

1781 Stonecliff Ct

City

Decatur

State

GA

Zip Code

30033-1402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emory University Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22545814

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Catherine Anna Marco

Mailing Address

7129 Jamesford Dr

City

Toledo

State

OH

Zip Code

43617-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent Mercy Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552204

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Andrew Louis Walshak

Mailing Address

17 Gereg Glen Rd

City

Brookfield

State

CT

Zip Code

06804-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Danbury 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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552229

Amount of Each Receipt this Period

500.00

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

1750.00

**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 162 / 275  
(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)

Dr. Eric Wayne Jordan

Mailing Address

6 Tuckahoe

City

Hattiesburg

State

MS

Zip Code

39402-7789

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eric Wayne Jordan, MD, FA-  
CEP

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552230

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. William Charles Gerard

Mailing Address

364 Frick Ct

City

Chapin

State

SC

Zip Code

29036-8362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palmetto Hlth Richland

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552232

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Alan May

Mailing Address

515 Overlook Terr

City

Cumberland

State

MD

Zip Code

21502-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sacred Heart Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552254

Amount of Each Receipt this Period

83.37

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

698.37

**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 163 / 275

(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)

Dr. Clifford Erickson

Mailing Address

5309 Ellington Ct

City

Newburgh

State

IN

Zip Code

47630-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clifford Erickson, MD, FA-  
CEP

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552255

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Virgil W Smaltz

Mailing Address

10 Saint Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552258

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Marie McLean

Mailing Address

1301 Glendale Ave

City

Saginaw

State

MI

Zip Code

48638-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552300

Amount of Each Receipt this Period

100.00

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

435.00

**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 164 / 275

(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			

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 22552301

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552306

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552307

Amount of Each Receipt this Period

83.33

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

283.33

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 165 / 275

(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)

Dr. Andrew I Bern

Mailing Address

9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.66

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552308

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brien Alfred Barnewolt

Mailing Address

68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552309

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Mr Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gordon Wheeler

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552311

Amount of Each Receipt this Period

100.00

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

266.66

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

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

Use separate schedule(s)  
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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Jay Kaplan

Mailing Address

300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys Med Grp

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552313

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Scott Jason Korvek

Mailing Address

1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552314

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John L Lyman

Mailing Address

1500 Ridgeway Rd

City

Dayton

State

OH

Zip Code

45419-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Hlth Care

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552315

Amount of Each Receipt this Period

75.00

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

275.00

**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  
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FOR LINE NUMBER: PAGE 167 / 275

(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)

Dr. Robert C Solomon

Mailing Address

214 Briar Path

City

Imperial

State

PA

Zip Code

15126-9686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steel Vly Emer Phys

Occupation

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552316

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ronald S Strony

Mailing Address

6660 Richardson Rd

City

Fairview

State

PA

Zip Code

16415-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamot Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.66

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552317

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jacob Mark Meredith, III

Mailing Address

1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

866.66

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552322

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  
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FOR LINE NUMBER: PAGE 168 / 275

(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)

Dr. John S Milne

Mailing Address

530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastside Emer Phys PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.66

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552323

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ira R Nemeth

Mailing Address

3225 Turtle Creek Blvd Apt 134

City

Dallas

State

TX

Zip Code

75219-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ira R Nemeth, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552324

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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  
Professional Emerg Phys  
Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552325

Amount of Each Receipt this Period

100.00

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

283.33

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



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Lee E Payne

Mailing Address

904 Luke St

City

Travis Afb

State

CA

Zip Code

94535-1354

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
David Grant Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

916.67

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552326

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Daniel G Hankins

Mailing Address

9652 55th Ave NW

City

Oronoco

State

MN

Zip Code

55960-2218

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Mayo Clinic

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
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552329

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mylissa Amy Graber

Mailing Address

7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552330

Amount of Each Receipt this Period

100.00

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

283.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Mr. Brad Gruehn

Mailing Address

207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brad GruehnOccupation  
FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552340

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Juan Francisco Fitz

Mailing Address

6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med GpOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

266.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552370

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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 TidewaterOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

935.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	9	/	2	0	0	7

Transaction ID: 22552371

Amount of Each Receipt this Period

85.00

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

218.33

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

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

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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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address

6836 Alexander Rd

City

Charlotte

State

NC

Zip Code

28270-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

458.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552372

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Diana L Fite

Mailing Address

PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

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 ▼

990.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552373

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James R Dudley

Mailing Address

PO Box 488

City

Gloucester

State

VA

Zip Code

23061-0488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

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  
1 1 / 2 9 / 2 0 0 7

Transaction ID: 22552374

Amount of Each Receipt this Period

100.00

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

232.00

**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 172 / 275

(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)

Dr. Frank Fower

Mailing Address

10832 Wrightwood Ln

City

State

Zip Code

Studio City

CA

91604-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meml Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 3 / 2 0 0 7

Transaction ID: 22555744

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adil M Roomi

Mailing Address

1 Carlton Ln

City

State

Zip Code

Voorhees

NJ

08043-4138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community 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  
1 1 / 1 1 / 2 0 0 7

Transaction ID: 22555755

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ademola Adewale

Mailing Address

7031 Hiawassee Outlook Dr

City

State

Zip Code

Orlando

FL

32835

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Florida 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  
1 1 / 1 9 / 2 0 0 7

Transaction ID: 22555756

Amount of Each Receipt this Period

1000.00

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

1450.00

**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 173 / 275

(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)

Dr. Ketan Pandya

Mailing Address

13049 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
c/o Isabel Sales

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  
1 1 / 2 1 / 2 0 0 7

Transaction ID: 22555757

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Deborah M Fernon

Mailing Address

4709 Waycross St

City

Houston

State

TX

Zip Code

77035-3725

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of Texas Med Schl

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  
1 1 / 2 3 / 2 0 0 7

Transaction ID: 22555758

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. J Michael Lynch

Mailing Address

3225 Lakeshore Dr

City

Old Hickory

State

TN

Zip Code

37138-2212

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cumberland Emer Phys PC

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  
1 1 / 2 8 / 2 0 0 7

Transaction ID: 22555760

Amount of Each Receipt this Period

750.00

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

2250.00

**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  
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FOR LINE NUMBER: PAGE 174 / 275

(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)

Dr. F Richard Heath

Mailing Address

53 Fox Pointe Dr

City

Pittsburgh

State

PA

Zip Code

15238-1534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Resource Mgmt Inc

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  
1 2 / 0 2 / 2 0 0 7

Transaction ID: 22657721

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Stephen H Andersen

Mailing Address

12202 E Gary Rd

City

Scottsdale

State

AZ

Zip Code

85259-3301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Emerg Assoc

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  
1 1 / 2 6 / 2 0 0 7

Transaction ID: 22688071

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas S Pannke

Mailing Address

1561 Polo Run Ter

City

Ashwaubenon

State

WI

Zip Code

54313-6189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas S Pannke, MD, FACEP

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  
1 1 / 2 7 / 2 0 0 7

Transaction ID: 22688074

Amount of Each Receipt this Period

150.00

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

750.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Thomas W Graber

Mailing Address

29360 Lake Rd

City

Bay Village

State

OH

Zip Code

44140-1321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Team Health Midwest

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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 22693865

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert A Donovan

Mailing Address

6859 Zerillo Dr

City

Riverbank

State

CA

Zip Code

95367-2119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors 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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 22693889

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Kenneth Lyle Gooch

Mailing Address

72 Watkins Rd

City

Moselle

State

MS

Zip Code

39459-9526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kenneth Lyle Gooch, MD

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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 22693945

Amount of Each Receipt this Period

500.00

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

1600.00

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: PAGE 176 / 275  
(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steven R Mimnaugh

Mailing Address

2190 Sublette Pl

City

Sandy

State

UT

Zip Code

84093-1056

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
EPIC LLC

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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 22693946

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Michael J Nelson

Mailing Address

4305 Maplegate Ct

City

Lees Summit

State

MO

Zip Code

64064-1654

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
North Kansas City 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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 22693957

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Richard J Plunkett

Mailing Address

2627 169th Ave SE

City

Bellevue

State

WA

Zip Code

98008-5513

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Eastside Emer Phys PLLC

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
1	2	/	0	5	/	2	0	0	7

Transaction ID: 22694002

Amount of Each Receipt this Period

250.00

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

1250.00

**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 177 / 275

(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)

Dr. Todd Richard Hansen

Mailing Address

390 Bridle Path Farm Rd

City

Cleveland

State

NC

Zip Code

27013-8155

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mid-Atlantic Emerg Med As-  
soc

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  
1 2 / 0 6 / 2 0 0 7

Transaction ID: 22694096

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John D Moorehouse

Mailing Address

3349 Allendale Pl

City

Montgomery

State

AL

Zip Code

36111-1634

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Baptist Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: 22694107

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Carol L Clark

Mailing Address

4728 Haddington Dr

City

Bloomfield Hls

State

MI

Zip Code

48304-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
William Beaumont Hosp ED

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  
1 2 / 0 6 / 2 0 0 7

Transaction ID: 22694132

Amount of Each Receipt this Period

100.00

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

300.00

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Gary Mouridy

Mailing Address

5 Smith Rd

City

Flemington

State

NJ

Zip Code

08822-7300

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	0	7	/	2	0	0	7

Transaction ID: 22694767

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph R Danna

Mailing Address

1484 Timber Ridge

City

Kankakee

State

IL

Zip Code

60901-4559

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Marys Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	1	/	2	0	0	7

Transaction ID: 22694960

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brian Howard Gelb

Mailing Address

8222 Stutsmanville Rd

City

Harbor Spgs

State

MI

Zip Code

49740-9652

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brian Howard Gelb, MD

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
1	2	/	1	1	/	2	0	0	7

Transaction ID: 22694962

Amount of Each Receipt this Period

500.00

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

2750.00

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 179 / 275

(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)

Dr. Ronald F Maio

Mailing Address

2818 Glazier Way

City

Ann Arbor

State

MI

Zip Code

48105-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OHRCR Univ MI

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  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 22694964

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Joseph F Mooney

Mailing Address

2308 Shroyer Rd

City

Dayton

State

OH

Zip Code

45419-2648

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Hlth Care Svc 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  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 22694967

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Liza DiLeo Thomas

Mailing Address

140 Fairway Dr

City

New Orleans

State

LA

Zip Code

70124-1017

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ochsner Clinic Fndtn

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  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 22694969

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 180 / 275

(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)

Dr. Daniel Woodard

Mailing Address

703 Chase Hammock Rd

City

Merritt Island

State

FL

Zip Code

32953-7913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bionetics Corp

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  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 22694975

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick Gould

Mailing Address

4534 Douglas Fir Ln

City

Sheboygan

State

WI

Zip Code

53083-5908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Frederick Gould, MD, FACEP

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  
1 2 / 0 7 / 2 0 0 7

Transaction ID: 22700847

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Christopher Roberts

Mailing Address

9864 N Shore Dr

City

Seaford

State

DE

Zip Code

19973-7820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPMG

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  
1 2 / 1 1 / 2 0 0 7

Transaction ID: 22705849

Amount of Each Receipt this Period

200.00

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

700.00

**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 181 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. William Bruce Watson

Mailing Address

107 E Burke Ave

City

Towson

State

MD

Zip Code

21286-1118

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Union Mem Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	7

Transaction ID: 22705867

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert G Anthony

Mailing Address

19 Alder Creek Ln

City

Rochester

State

NH

Zip Code

03867-1707

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Frisbie Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	2	/	2	0	0	7

Transaction ID: 22750991

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Douglas L McDonnell

Mailing Address

8747 N 43rd St

City

Augusta

State

MI

Zip Code

49012-9651

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Battle Creek 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
1	2	/	1	2	/	2	0	0	7

Transaction ID: 22751096

Amount of Each Receipt this Period

300.00

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

900.00

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 182 / 275

(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)

Dr. Eric A Brown

Mailing Address

420 Oakbrook Dr

City

Columbia

State

SC

Zip Code

29223-8120

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palmetto Richland Mem Hosp  
ED

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  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 22751796

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Gary Parrish

Mailing Address refer to #013347

7104 Highfields Farm Trail

City

Roanoke

State

VA

Zip Code

24018-5638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Gary Parrish, 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  
1 2 / 1 7 / 2 0 0 7

Transaction ID: 22751817

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Leroy R Schlesselman

Mailing Address

1228 Tidewater Dr

City

North Myrtle Beach

State

SC

Zip Code

29582-6820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
McLeod Regl Medcl Ctr

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  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 22751846

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 183 / 275

(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)

Dr. Craig S Thomas

Mailing Address

356A Kaelepulu Dr

City

Kailua

State

HI

Zip Code

96734-3305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEPA

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  
1 2 / 1 8 / 2 0 0 7

Transaction ID: 22751847

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Allan D Bock

Mailing Address

11515 Green Ln

City

Yucaipa

State

CA

Zip Code

92399-9568

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mountain View EPMG Inc

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  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 22886542

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Emile El-Shammaa

Mailing Address

287 Bristol Way

City

Worthington

State

OH

Zip Code

43085-3272

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OH State Univ Med Ctr

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  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 22886546

Amount of Each Receipt this Period

500.00

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

1700.00

**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 184 / 275

(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)

Dr. Charlene B Irvin

Mailing Address

50572 Jefferson Ave

City

New Baltimore

State

MI

Zip Code

48047-2339

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Specialists PC

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  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 22886549

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Seth A Lotterman

Mailing Address

5055 Von Scheele Dr Apt 1433

City

San Antonio

State

TX

Zip Code

78229-4358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilford Hall 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  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 22886550

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas J Lydon

Mailing Address

161 Harbor Rd

City

Rye

State

NH

Zip Code

03870-2707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dartmouth Hitchcock Med  
Ctr ED

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  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 22886555

Amount of Each Receipt this Period

150.00

**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: PAGE 185 / 275

(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)

Dr. Lyle R Moss

Mailing Address

PO Box 275

City

Gilchrist

State

TX

Zip Code

77617-0275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Jacinto Meth 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  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 22886556

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 3 / 2 0 0 7

Transaction ID: 22886559

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Stuart J Meyer

Mailing Address

2708 Speedway Ave

City

Wichita Falls

State

TX

Zip Code

76308-1109

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
United Regional Health 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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22886562

Amount of Each Receipt this Period

250.00

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

950.00

**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 186 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Howard W Burns

Mailing Address

2916 W Oak St

City

Sioux Falls

State

SD

Zip Code

57105-0117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Howard W Burns, MD, FACEP

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
1	2	/	2	8	/	2	0	0	7

Transaction ID: 22886582

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Leslie Kram Greco

Mailing Address

217 Farmington Dr

City

Lafayette

State

LA

Zip Code

70503-8410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Iberia Med Ctr

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
1	2	/	2	8	/	2	0	0	7

Transaction ID: 22886587

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Curtis Harvey Johnson

Mailing Address

1000 Round Hill Rd

City

Fort Worth

State

TX

Zip Code

76131-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Curtis Harvey Johnson ,  
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
1	2	/	1	7	/	2	0	0	7

Transaction ID: 22886593

Amount of Each Receipt this Period

250.00

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

800.00

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 187 / 275

(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)

Dr. Laurence R DesRochers

Mailing Address

640 Harbor Rd

City

State

Zip Code

Brick

NJ

08724-4716

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Comm Med Ctr ER/OP Svcs

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  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 22886600

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dolores McCarthy

Mailing Address

322 Estate Point Rd

City

State

Zip Code

Toms River

NJ

08753-2064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jersey Emerg Med Spec

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  
1 2 / 2 7 / 2 0 0 7

Transaction ID: 22886605

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan T Forstater

Mailing Address

501 Shortridge Dr

City

State

Zip Code

Wynnewood

PA

19096-1609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Thomas Jefferson Univ ED

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  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 22887402

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 188 / 275

(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)

Dr. Kurt Richard Solem

Mailing Address

PO Box 1514

City

Scottsdale

State

AZ

Zip Code

85252-1514

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 0 / 2 0 0 7

Transaction ID: 22887405

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. H Michael Webb

Mailing Address

801 Clemont Dr NE

City

Atlanta

State

GA

Zip Code

30306-3672

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spalding Regional Hosp

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  
1 2 / 2 1 / 2 0 0 7

Transaction ID: 22887407

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jo Linder

Mailing Address

18 Stagecoach Rd

City

Falmouth

State

ME

Zip Code

04105-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887413

Amount of Each Receipt this Period

-1000.00

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

-650.00

**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 189 / 275

(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)

Dr. Jo Linder

Mailing Address

18 Stagecoach Rd

City

Falmuth

State

ME

Zip Code

04105-2414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Maine Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887414

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887415

Amount of Each Receipt this Period

-100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887416

Amount of Each Receipt this Period

100.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 190 / 275

(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)

Dr. Gregory L Henry

Mailing Address

1850 Washtenaw Ave

City

Ann Arbor

State

MI

Zip Code

48104-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Phys Med Grp PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887417

Amount of Each Receipt this Period

-1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Henry

Mailing Address

1850 Washtenaw Ave

City

Ann Arbor

State

MI

Zip Code

48104-3638

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Phys Med Grp 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  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887418

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887419

Amount of Each Receipt this Period

-100.00

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

-100.00

**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 191 / 275

(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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Transaction ID: 22887420

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Nancy J Auer

Mailing Address

8517 SE 76th PI

City

Mercer Island

State

WA

Zip Code

98040-5706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Hosp Admin 1SW

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Transaction ID: 22887421

Amount of Each Receipt this Period

-250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Nancy J Auer

Mailing Address

8517 SE 76th PI

City

Mercer Island

State

WA

Zip Code

98040-5706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Swedish Hosp Admin 1SW

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
1	2		1	9		2	0	0	7

Transaction ID: 22887422

Amount of Each Receipt this Period

250.00

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

100.00

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 192 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Norman A Chapin

Mailing Address

699 Mountain Ave

City

Purling

State

NY

Zip Code

12470-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Emerg Services

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887423

Amount of Each Receipt this Period

-500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Norman A Chapin

Mailing Address

699 Mountain Ave

City

Purling

State

NY

Zip Code

12470-3508

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Columbia Emerg Services

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  
1 2 / 1 9 / 2 0 0 7

Transaction ID: 22887424

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gary Alan Li

Mailing Address

215 Vista De Sierra

City

Los Gatos

State

CA

Zip Code

95030-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887429

Amount of Each Receipt this Period

75.00

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 193 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887431

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kahang Lee Chan

Mailing Address

3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kahang Lee Chan, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887432

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alexander Max Rosenau

Mailing Address

1140 N Broad St

City

Allentown

State

PA

Zip Code

18104-2912

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lehigh Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887433

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 194 / 275

(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)

Dr. Clifford Erickson

Mailing Address

5309 Ellington Ct

City

Newburgh

State

IN

Zip Code

47630-3170

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Clifford Erickson, MD, FA-  
CEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887434

Amount of Each Receipt this Period

85.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Kec

Mailing Address

1900 Paradise Ln

City

Prescott

State

AZ

Zip Code

86305-5284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RMK MD

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887435

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston 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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887436

Amount of Each Receipt this Period

100.00

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

285.00

**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 195 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Ericka Powell

Mailing Address

40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

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 ▼

900.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887437

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Gregory L Shangold

Mailing Address

66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.68

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887438

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michelle Marie McLean

Mailing Address

1301 Glendale Ave

City

Saginaw

State

MI

Zip Code

48638-4723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Hlthcre Emer Phys  
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887439

Amount of Each Receipt this Period

100.00

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 196 / 275  
(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)

Dr. Alan Heins

Mailing Address

PO Box 669

City

Loxley

State

AL

Zip Code

36551-0669

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ S Alabama Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887440

Amount of Each Receipt this Period

365.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Brent Asplin

Mailing Address

4162 Ethan Dr

City

Eagan

State

MN

Zip Code

55123-4908

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Asst Prof of EM

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887441

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Brien Alfred Barnewolt

Mailing Address

68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New England 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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887442

Amount of Each Receipt this Period

83.33

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

548.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 275

(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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andrew I Bern

Mailing Address

9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887443

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

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
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887444

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. James R Dudley

Mailing Address

PO Box 488

City

Gloucester

State

VA

Zip Code

23061-0488

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

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
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887445

Amount of Each Receipt this Period

100.00

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

266.66

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 275

(check only one)

<input checked="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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Diana L Fite

Mailing Address

PO Box 2029

City

Waller

State

TX

Zip Code

77484-2029

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 ▼

1080.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887446

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Juan Francisco Fitz

Mailing Address

6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Gp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887447

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. 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 ▼

1020.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887448

Amount of Each Receipt this Period

85.00

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

258.33

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

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marsha D Ford

Mailing Address

6836 Alexander Rd

City

Charlotte

State

NC

Zip Code

28270-2804

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887449

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mylissa Amy Graber

Mailing Address

7809 Trieste Pl

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs 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
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887450

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Mr. Brad Gruehn

Mailing Address

207 Heather Glen Rd

City

Sterling

State

VA

Zip Code

20165-5824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brad Gruehn

Occupation

FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22887451

Amount of Each Receipt this Period

50.00

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

192.00

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 200 / 275

(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)

Dr. Daniel G Hankins

Mailing Address

9652 55th Ave NW

City

Oronoco

State

MN

Zip Code

55960-2218

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Mayo Clinic

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887452

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jay Kaplan

Mailing Address

300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
CA Emerg Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887453

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Scott Jason Korvek

Mailing Address

1212 Lakemont Dr

City

Pittsburgh

State

PA

Zip Code

15243-1874

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887454

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 201 / 275

(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)

Dr. John L Lyman

Mailing Address

1500 Ridgeway Rd

City

Dayton

State

OH

Zip Code

45419-3008

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Premier Hlth Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887455

Amount of Each Receipt this Period

75.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jacob Mark Meredith, III

Mailing Address

1231A Rt 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cmnty Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

949.99

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887457

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. John S Milne

Mailing Address

530 Wilderness Peak Dr NW

City

Issaquah

State

WA

Zip Code

98027-5621

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Eastside Emer Phys PLLC

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887458

Amount of Each Receipt this Period

83.33

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

241.66

**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 202 / 275

(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)

Dr. Ira R Nemeth

Mailing Address

3225 Turtle Creek Blvd Apt 134

City

Dallas

State

TX

Zip Code

75219-5457

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Ira R Nemeth, MD

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887459

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. 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  
Professional Emerg Phys  
Inc

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887460

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Lee E Payne

Mailing Address

904 Luke St

City

Travis Afb

State

CA

Zip Code

94535-1354

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
David Grant 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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887461

Amount of Each Receipt this Period

83.33

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

283.33

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

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

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

FOR LINE NUMBER: PAGE 203 / 275

(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)

Dr. 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

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887462

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert C Solomon

Mailing Address

214 Briar Path

City

Imperial

State

PA

Zip Code

15126-9686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887463

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ronald S Strony

Mailing Address

6660 Richardson Rd

City

Fairview

State

PA

Zip Code

16415-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hamot Med Ctr ED

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  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887464

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 204 / 275

(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)

Mr Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Gordon Wheeler

Occupation  
FEC

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.01

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22887465

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Angela Siler Fisher

Mailing Address

79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891474

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Michael Joseph Gerardi

Mailing Address

29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891475

Amount of Each Receipt this Period

84.00

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

284.00

**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 205 / 275

(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)

Dr. Robert G Higgins

Mailing Address

725 Denmead Mill

City

Marietta

State

GA

Zip Code

30067-5176

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northside Emerg 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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891477

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Kathleen Ann Jobe

Mailing Address

6752 1st Ave NW

City

Seattle

State

WA

Zip Code

98117-4827

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UWMC ED Med Dir

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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891478

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Charles Alan McKay, Jr

Mailing Address

61 Roberts Rd

City

Marlborough

State

CT

Zip Code

06447-1415

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hartford 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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891480

Amount of Each Receipt this Period

500.00

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

1750.00

**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 206 / 275  
(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)

Dr. William G McKinnon

Mailing Address PO Box 6002  
1200 S Columbia Rd

City State Zip Code  
Grand Forks ND 58206-6002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Altru Hosp ED

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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891482

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adib M Mechrefe

Mailing Address 2 Downs Dr

City State Zip Code  
Lincoln RI 02865-4551

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Garden City Treatment Ctr

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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891483

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Barbara K Moats

Mailing Address 35243 'I' Ave

City State Zip Code  
Earlham IA 50072-5610

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Iowa Methodist Medical Ce-  
nter

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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891504

Amount of Each Receipt this Period

500.00

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

1300.00

**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 207 / 275

(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)

Dr. Richard D Newbold

Mailing Address

3439 Long Dr

City

Minden

State

NV

Zip Code

89423-7705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Carson Tahoe Hosp

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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891506

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Adam D Robertson

Mailing Address

2826 Surrey Rd

City

Birmingham

State

AL

Zip Code

35223-1213

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
First Line Care PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891525

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Gregory Allen Starr

Mailing Address

8 Cypress Ridge Ln

City

Sugar Land

State

TX

Zip Code

77479-2868

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
M H Sugarland 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  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 22891527

Amount of Each Receipt this Period

500.00

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

1750.00

**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 208 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Steve R Souter

Mailing Address

10255 S Loridan Ln

City

Sandy

State

UT

Zip Code

84092-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Steve R Souter, MD

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
1	2	/	3	1	/	2	0	0	7

Transaction ID: 22991809

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Dustin M Timmons

Mailing Address

15800 50th PI N

City

Plymouth

State

MN

Zip Code

55446-4526

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys Prof

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	7	/	2	0	0	7

Transaction ID: 22991813

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Derek J Robinson

Mailing Address

4414 S Vincennes Ave #2

City

Chicago

State

IL

Zip Code

60653-3454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Derek J Robinson, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	8	/	2	0	0	7

Transaction ID: 22991815

Amount of Each Receipt this Period

1000.00

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

2100.00

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 209 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Charlotte Derr

Mailing Address

3910 W Swann Ave

City

Tampa

State

FL

Zip Code

33609-4433

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Emerg Assoc for Medicine

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
1	2	/	3	1	/	2	0	0	7

Transaction ID: 22992709

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Mark Austin Alderdice

Mailing Address 80 Laurel View Way

PO Box 1198

City

Inverness

State

CA

Zip Code

94937-1198

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22994390

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey L Arnold

Mailing Address

1522 Constitution Blvd # 149

City

Salinas

State

CA

Zip Code

93905-3803

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Jeffrey L Arnold, MD, FAC-  
EP

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22994602

Amount of Each Receipt this Period

409.00

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

1018.00

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 210 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Robert Barandica

Mailing Address

7101 Hillcrest Dr

City

Modesto

State

CA

Zip Code

95356-8876

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Robert Barandica, MD, FAC-  
EP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22994708

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jeffrey H Bass

Mailing Address

1515 Majorca Dr

City

Morgan Hill

State

CA

Zip Code

95037-7033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22994850

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. D Michael Bear

Mailing Address

5 Donatello

City

Aliso Viejo

State

CA

Zip Code

92656-1481

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Corona Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22994972

Amount of Each Receipt this Period

409.00

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

1227.00

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 211 / 275

(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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Brian Bearie

Mailing Address

36125 Cherrywood Dr

City

Yucaipa

State

CA

Zip Code

92399-5721

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Bernardine Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995101

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. David Birdsall

Mailing Address

191 La Serena Ave

City

Alamo

State

CA

Zip Code

94507-2148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt Diablo Hospital Medical  
Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995203

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David A Bolivar

Mailing Address

1577 Smiley Heights

City

Redlands

State

CA

Zip Code

92373-6515

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Mary Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995205

Amount of Each Receipt this Period

409.00

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

1227.00

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 212 / 275

(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)

Dr. Steve Carstens

Mailing Address

209 Valley View Dr

City

Exeter

State

CA

Zip Code

93221-9796

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

434.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995208

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Paul E Christensen

Mailing Address

450 Bassi Dr

City

San Luis Obispo

State

CA

Zip Code

93405-8038

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
French Hosp Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

609.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995209

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Ludwig Julian Cibelli

Mailing Address

1555 Lakeview St

City

Beaumont

State

CA

Zip Code

92223-8507

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Gorgonio Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995211

Amount of Each Receipt this Period

409.00

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

1227.00

**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 213 / 275

(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)

Dr. Daniel E Culhane

Mailing Address

22 Highland Dr

City

San Luis Obispo

State

CA

Zip Code

93405-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
French Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995212

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Wesley A Curry

Mailing Address

1082 Richmond Dr

City

Claremont

State

CA

Zip Code

91711-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomona Valley Hosp Med Ctr  
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995215

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. John M Deacon

Mailing Address

943 Via Los Padres

City

Santa Barbara

State

CA

Zip Code

93111-1325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

759.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995216

Amount of Each Receipt this Period

409.00

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

1227.00

**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 214 / 275

(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)

Dr. Jeffrey W Dietz

Mailing Address

200 Caribe Isle

City

Novato

State

CA

Zip Code

94949-5319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffrey W Dietz, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995217

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Erik Egsieker

Mailing Address

12782 SE Wellington Ct

City

Happy Valley

State

OR

Zip Code

97086-6356

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Erik Egsieker, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995218

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Wesley Fields, III

Mailing Address

33741 Windjammer

City

Dana Point

State

CA

Zip Code

92629-4470

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saddleback Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995219

Amount of Each Receipt this Period

460.00

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

1278.00

**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 215 / 275

(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)

Dr. John C Fredericks

Mailing Address

578 Hidden Ridge Ct

City

Encinitas

State

CA

Zip Code

92024-5839

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995222

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Howard Ian Friedman

Mailing Address

1350 Liverpool Dr

City

Pasadena

State

CA

Zip Code

91103-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomona Valley Hospital Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995223

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Alan H Gladman

Mailing Address

1720 Middlefield Rd

City

Palo Alto

State

CA

Zip Code

94301-3821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
El Camino Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995226

Amount of Each Receipt this Period

409.00

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

1227.00

**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 216 / 275

(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)

Dr. David Goldschmid

Mailing Address

3884 Harvest Dr

City

Redwood City

State

CA

Zip Code

94061-1143

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Seton Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995227

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John Ernest Hipskind

Mailing Address

4926 W Buena Vista

City

Visalia

State

CA

Zip Code

93291-9018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaweah Delta District Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

709.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995228

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jonathan C Houpt

Mailing Address

122 High Ct

City

Martinez

State

CA

Zip Code

94553-5528

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
USC LAC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995229

Amount of Each Receipt this Period

409.00

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

1227.00

**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 217 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Peter V Hull

Mailing Address

149 Lost Oak Ct

City

Roseville

State

CA

Zip Code

95661-4062

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Sutter Roseville Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995230

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Alice D Hunter

Mailing Address

38 Tierra Verde Ct

City

Walnut Creek

State

CA

Zip Code

94598-4857

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
California Emer Phys Med  
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995231

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David L Hunter

Mailing Address

784 Lockhart Gulch Rd

City

Scotts Valley

State

CA

Zip Code

95066-2930

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Reg Med Ctr of San Jose  
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995232

Amount of Each Receipt this Period

409.00

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

1227.00

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 218 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Theodore I Kloth

Mailing Address

735 Snyder Ln

City

Walnut Creek

State

CA

Zip Code

94598-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Muir Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995233

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Theophile G Koury

Mailing Address

1033 McCauley Rd

City

Danville

State

CA

Zip Code

94526-1972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995234

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jeffery J Leinen

Mailing Address

1754 Oro Valley Cir

City

Walnut Creek

State

CA

Zip Code

94596-6157

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jeffery J Leinen, MD, FAC-  
EP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995235

Amount of Each Receipt this Period

409.00

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

1227.00

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 219 / 275

(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)

Dr. Gary Alan Li

Mailing Address

215 Vista De Sierra

City

Los Gatos

State

CA

Zip Code

95030-6320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995236

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Thomas Andrew Lukaszczuk

Mailing Address

PO Box 80596

City

Bakersfield

State

CA

Zip Code

93380-0596

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995237

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Steven Hugh Mannis

Mailing Address

PO Box 675723

City

Rancho Santa Fe

State

CA

Zip Code

92067-5723

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomerado Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995238

Amount of Each Receipt this Period

409.00

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

1227.00

**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 220 / 275  
(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)

Dr. Gail Matthews

Mailing Address

4107 Stratford Commons

City

State

Zip Code

Decatur

GA

30033-7441

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DeKalb Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995239

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. John J Meharg

Mailing Address

738 Ashbury St

City

State

Zip Code

San Francisco

CA

94117-4014

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995240

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. William Ray Mostow

Mailing Address

21 W Berridge Ln

City

State

Zip Code

Phoenix

AZ

85013-1509

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Reg Med Ctr  
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995241

Amount of Each Receipt this Period

409.00

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

1227.00

**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 221 / 275

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Susan K Munden

Mailing Address

3509 Tres Rios

City

San Clemente

State

CA

Zip Code

92673-3822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Coast Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995242

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Elaine Nelson

Mailing Address

1963 Fallen Leaf Ln

City

Los Altos

State

CA

Zip Code

94024-7207

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Elaine Nelson, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995244

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Timothy P Nesper

Mailing Address

1222 Llano

City

San Clemente

State

CA

Zip Code

92673-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995245

Amount of Each Receipt this Period

409.00

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

1227.00

**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 222 / 275

(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)

Dr. Phong Nguyen

Mailing Address

543 Acacia Ct

City

Redlands

State

CA

Zip Code

92373-5667

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995246

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Martin E Ogle

Mailing Address

370 Ledroit St

City

Laguna Beach

State

CA

Zip Code

92651-1349

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA EmergPhys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995247

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Edward Adam Pillar

Mailing Address

35605 Abelia St

City

Murrieta

State

CA

Zip Code

92562-4462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inland Valley Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995248

Amount of Each Receipt this Period

409.00

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

1227.00

**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 223 / 275

(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)

Dr. Robert Philip Realmuto

Mailing Address

2001 Via Teca

City

San Clemente

State

CA

Zip Code

92673-5659

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Orange Coast Mem Med Ctr  
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995249

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Jaime B Rivas

Mailing Address

2408 Oak Canyon Pl

City

Escondido

State

CA

Zip Code

92025-6743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jaime B Rivas, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

534.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995261

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Robert Craig Rosenbloom

Mailing Address

PO Box 5101

City

Culver City

State

CA

Zip Code

90231-5101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1159.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995300

Amount of Each Receipt this Period

409.00

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

1227.00

**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 224 / 275

(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)

Dr. Armando G Samaniego

Mailing Address

3313 N Lucile Ln

City

Lafayette

State

CA

Zip Code

94549-5425

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Armando G Samaniego, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995350

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Roger B Schechter

Mailing Address California Emerg Phys Med Grp

2101 Webster St # 1050

City

Oakland

State

CA

Zip Code

94612-3027

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys Med  
Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995381

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. David W Smith

Mailing Address

126 Avenida Melisenda

City

San Dimas

State

CA

Zip Code

91773-3941

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chino Community Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995382

Amount of Each Receipt this Period

409.00

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

1227.00

**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 225 / 275

(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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Andres Smith

Mailing Address

849 Aspen Glen Rd

City

Chula Vista

State

CA

Zip Code

91914-2520

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sharp Chula Vista Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995383

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert G Spencer

Mailing Address

244 Ross St

City

Santa Cruz

State

CA

Zip Code

95060-2022

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Mateo Co General Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995384

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Mark J Spiro

Mailing Address

832 Marisa Ln

City

Encinitas

State

CA

Zip Code

92024-6647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995385

Amount of Each Receipt this Period

409.00

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

1227.00

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 226 / 275

(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)

Dr. Joel A Stettner

Mailing Address

5877 Estates Dr

City

Oakland

State

CA

Zip Code

94611-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995386

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Pamela J Stuart

Mailing Address

1125 Vintage Ct

City

San Martin

State

CA

Zip Code

95046-9480

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Louise Reg Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

459.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995387

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. James Taggart

Mailing Address

98 Main St #626

City

Belvedere

State

CA

Zip Code

94920-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Petaluma Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995389

Amount of Each Receipt this Period

409.00

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

1227.00

**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 227 / 275

(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

**A.**

Full Name (Last, First, Middle Initial)

Dr. Marc David Taub

Mailing Address

33842 Manta Ct

City

Dana Point

State

CA

Zip Code

92629-4505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
South Coast Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995390

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Milton R Teske

Mailing Address

8939 N Chestnut Ave # 402

City

Fresno

State

CA

Zip Code

93720-5366

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Selma District Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995392

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Barbara B Victor

Mailing Address

506 21St St

City

Huntington Beach

State

CA

Zip Code

92648-3303

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Garden Grove Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

509.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995393

Amount of Each Receipt this Period

409.00

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

1227.00

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 228 / 275

(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)

Dr. Ellis Weeker

Mailing Address

197 Vista Del Monte

City

Los Gatos

State

CA

Zip Code

95030-6337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995394

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Ellis Weeker

Mailing Address

197 Vista Del Monte

City

Los Gatos

State

CA

Zip Code

95030-6337

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer Phys Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

818.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995395

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Jack M Wilson

Mailing Address

15470 White Vale Ln

City

Poway

State

CA

Zip Code

92064-2338

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
California Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 6 / 2 0 0 7

Transaction ID: 22995396

Amount of Each Receipt this Period

409.00

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

1227.00

**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 229 / 275

(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dr. Carsten Zieger

Mailing Address

2030 Via Zacata Pl

City

Arroyo Grande

State

CA

Zip Code

93420-9631

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
French Hosp Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

409.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	6	/	2	0	0	7

Transaction ID: 22995397

Amount of Each Receipt this Period

409.00

**B.**

Full Name (Last, First, Middle Initial)

Dr. Robert Buscho

Mailing Address

23 Washington Ave

City

San Rafael

State

CA

Zip Code

94903-4115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emerg Phys Med Grp

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
1	2	/	3	1	/	2	0	0	7

Transaction ID: 23040542

Amount of Each Receipt this Period

409.00

**C.**

Full Name (Last, First, Middle Initial)

Dr. Thomas L Dourmashkin

Mailing Address

199 Maple Ridge Rd

City

Northampton

State

MA

Zip Code

01062-9749

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Berkshire Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	7

Transaction ID: 23112212

Amount of Each Receipt this Period

0.00

**[MEMO ITEM]**Refund(s) on Schedule B  
Totaling \$250.20 This changes  
the YTD Total to \$0.-  
00**SUBTOTAL** of Receipts This Page (optional) .....

818.00

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

218465.64

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

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

FOR LINE NUMBER: PAGE 230 / 275

(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)

Wake Emergency Physicians PA PAC

Mailing Address 570 New Waverly Place  
Suite 210

City State Zip Code  
Cary NC 27518

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 0 6 / 2 0 0 7

Transaction ID: 22886538

Amount of Each Receipt this Period

2000.00

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

2000.00

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

2000.00

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

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

FOR LINE NUMBER: PAGE 231 / 275

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Baucus Johnson Victory Fund

Mailing Address 818 Connecticut Ave., NW  
Suite 1100

City State Zip Code  
Washington DC 20006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 7

Transaction ID: 23078611

Amount of Each Receipt this Period

1250.00

Refund of overpayment to  
Baucus Johnson Victory Fu-  
nd / Already met limit for  
Tim Johnson

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

1250.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 232 / 275

(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)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

8910.54

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 1 / 2 0 0 7

Transaction ID: 23109100

Amount of Each Receipt this Period

1061.02

**B.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10254.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 3 1 / 2 0 0 7

Transaction ID: 23109162

Amount of Each Receipt this Period

1344.06

**C.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

11372.48

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 7

Transaction ID: 23109198

Amount of Each Receipt this Period

1117.88

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

3522.96

**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 233 / 275

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

12670.70

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	7

Transaction ID: 23109205

Amount of Each Receipt this Period

1298.22

**B.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

14455.09

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	7

Transaction ID: 23109207

Amount of Each Receipt this Period

1784.39

**C.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16052.80

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	7

Transaction ID: 23109215

Amount of Each Receipt this Period

1597.71

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

4680.32

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

8203.28

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

National Emergency Medicine Political Action Committee

07 / 16 / 2007

-5000.00

Void - The Big Tent PAC -  
Reissue on 7/17/07

07 / 17 / 2007

5000.00

1000.00

2008 Primary

**1000.00**

FEC Schedule B ( Form 3X) (Revised 02/2003)

**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 235 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Matheson For Congress

Mailing Address PO Box 521048  
Suite A

City Salt Lake City State UT Zip Code 84152

Purpose of Disbursement

Candidate Name  
Rep. James D. MathesonOffice Sought: ☒ House  
☐ Senate  
☐ President

State: UT District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary011  
Category/  
Type

Transaction ID: 20889010

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement

Candidate Name  
Rep. Chris Van HollenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 08

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary011  
Category/  
Type

Transaction ID: 20889012

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Kind For Congress Committee

Mailing Address 205 South 5th Ave  
Suite 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement

Candidate Name  
Rep. Ron KindOffice Sought: ☒ House  
☐ Senate  
☐ President

State: WI District: 03

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary011  
Category/  
Type

Transaction ID: 20889013

Date of Disbursement

07 / 25 / 2007

Amount of Each Disbursement this Period

1500.00

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

5500.00

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

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

PAGE 236 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Gayle Harrell

Mailing Address 1885 N.W. Eagle Point

City State Zip Code  
Stuart FL 34994

Purpose of Disbursement

Candidate Name  
Gayle HarrellOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 16

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary011  
Category/  
Type

Transaction ID: 20889008

Date of Disbursement

M M / D D / Y Y Y Y  
0 7 / 2 5 / 2 0 0 7

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Diana Degette For Congress Inc.

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement

Candidate Name  
Rep. Diana DeGetteOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CO District: 01

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary011  
Category/  
Type

Transaction ID: 20929918

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of John Tanner

Mailing Address Post Office Box 1994

City State Zip Code  
Union City TN 38281

Purpose of Disbursement

Candidate Name  
Rep. John S. TannerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 08

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary011  
Category/  
Type

Transaction ID: 20931793

Date of Disbursement

M M / D D / Y Y Y Y  
0 8 / 0 1 / 2 0 0 7

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

PAGE 237 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Anna Eshoo For Congress

Mailing Address 555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814

Purpose of Disbursement

Candidate Name  
Rep. Anna G. EshooOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 14

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20931997

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Rangel For Congress

Mailing Address PO Box 5577  
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

Candidate Name  
Rep. Charles B. RangelOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 15

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20931693

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

Candidate Name  
Rep. Sue Wilkins MyrickOffice Sought: ☒ House  
☐ Senate  
☐ President

State: NC District: 09

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20931415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

PAGE 238 / 275

<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

**A.** Full Name (Last, First, Middle Initial)  
Jesse Jackson Jr. For Congress

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement

Candidate Name  
Rep. Jesse L. Jackson, Jr.Office Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20932697

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement

Candidate Name  
Rep. James W. GerlachOffice Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 06

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20929664

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Tim Ryan For CongressMailing Address 1600 Roosevelt Avenue  
Suite 804

City Niles State OH Zip Code 44446

Purpose of Disbursement

Candidate Name  
Rep. Timothy J. RyanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 17

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20932319

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

PAGE 239 / 275

<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

**A.** Full Name (Last, First, Middle Initial)  
Dutch Ruppersberger For Congress

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement

Candidate Name  
Rep. C.A. Dutch RuppersbergerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MD District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20930847

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
McConnell Senate Committee '08

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement

Candidate Name  
Sen. Mitch McConnellOffice Sought: ☐ House  
☒ Senate  
☐ President

State: KY District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20929372

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Jim Jordan For Congress

Mailing Address 1709 State Route 560 South

City Urbana State OH Zip Code 43078

Purpose of Disbursement

Candidate Name  
Mr. James JordanOffice Sought: ☒ House  
☐ Senate  
☐ President

State: OH District: 04

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 20930309

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

PAGE 240 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Carney For Congress

Mailing Address P.O. Box A

City  
Clarks SummitState  
PAZip Code  
18411

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Christopher P. Carney

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

2008 Primary

Transaction ID: 20930609

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Price For Congress Committee

Mailing Address P. O. Box 1986

City  
RaleighState  
NCZip Code  
27602

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. David E. Price

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 04

2008 Primary

Transaction ID: 20931218

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Charlie Melancon Campaign Committee Inc

Mailing Address PO Box 549

City  
NapoleonvilleState  
LAZip Code  
70390

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Charles Melancon

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 03

2008 Primary

Transaction ID: 20933073

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



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

PAGE 241 / 275

<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

**A.** Full Name (Last, First, Middle Initial)  
Gene Green Congressional Campaign

Mailing Address PO Box 16128

City Houston State TX Zip Code 77222

Purpose of Disbursement

Candidate Name  
Rep. Gene GreenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 29

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21350899

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

Candidate Name  
Rep. Frank Pallone, Jr.Office Sought: ☒ House  
☐ Senate  
☐ President

State: NJ District: 06

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
2008 General

Transaction ID: 21351737

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement

Candidate Name  
Rep. David Lee CampOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
2008 General

Transaction ID: 21350726

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

PAGE 242 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Sue Myrick For Congress

Mailing Address P.O. Box 37091

City  
CharlotteState  
NCZip Code  
28237

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Sue Wilkins Myrick

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 09

2008 Primary

Transaction ID: 21351587

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Bennie Thompson

Mailing Address P.O. Box 100

City  
BoltonState  
MSZip Code  
39041

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Bennie G. Thompson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MS

District: 02

2008 Primary

Transaction ID: 21351160

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Yarmuth For Congress

Mailing Address 1819 Brownsboro Road  
Suite 100City  
LouisvilleState  
KYZip Code  
40206

Purpose of Disbursement

Void - Yarmuth For Congress

011

Category/  
Type

Candidate Name

Rep. John A. Yarmuth

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY

District: 03

2008 Primary

Transaction ID: 21415099

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	0	7

Amount of Each Disbursement this Period

-2500.00

Void - Yarmuth For Congress

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

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City  
EverettState  
WAZip Code  
98206

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Rick Larsen

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA

District: 02

2008 Primary

Transaction ID: 21421696

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Carolyn McCarthy

Mailing Address 151 Linden Road

City  
MineolaState  
NYZip Code  
11501

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Carolyn McCarthy

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY

District: 04

2008 Primary

Transaction ID: 21421667

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Hooley For Congress

Mailing Address PO Box 2050

City  
SalemState  
ORZip Code  
97308

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Darlene Hooley

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OR

District: 05

2008 Primary

Transaction ID: 21421681

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Amount of Each Disbursement this Period

1500.00

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

3500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Matheson For Congress

**Transaction ID:** 21421708

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Mailing Address PO Box 521048  
Suite A

Amount of Each Disbursement this Period

City Salt Lake City State UT Zip Code 84152

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Rep. James D. MathesonOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

2008 Primary

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Herseth Sandlin For South Dakota

**Transaction ID:** 21421714

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Mailing Address PO Box 2009

Amount of Each Disbursement this Period

City Sioux Falls State SD Zip Code 57101

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Rep. Stephanie Herseth SandlinOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SD District: 01

2008 Primary

**C.**

Full Name (Last, First, Middle Initial)

Castor For Congress

**Transaction ID:** 21421694

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Mailing Address 301 W. Platt Street #385

Amount of Each Disbursement this Period

City Tampa State FL Zip Code 33606

1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name  
Kathy CastorOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 11

2008 Primary

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

3000.00

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

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

PAGE 245 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Boucher For Congress Committee

Mailing Address PO Box 2000

City  
AbingdonState  
VAZip Code  
24212

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Rick Boucher

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA

District: 09

2008 Primary

Transaction ID: 21421677

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

CHC Bold PAC

Mailing Address 625 3rd Street, NE  
Suite #2City  
WashingtonState  
DCZip Code  
20002

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District: 00

Transaction ID: 21421721

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	2		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Sherrod Brown

Mailing Address PO Box 76187  
Suite 800City  
WashingtonState  
DCZip Code  
20013

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Sherrod Brown

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2012

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 02

2012 Primary

Transaction ID: 21547206

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City  
Sioux FallsState  
SDZip Code  
57101

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Tim Johnson

Office Sought:

☐ House☒ Senate☐ President

Disbursement For:

2003

☒ Primary☐ General☐ Other (specify) ▼

State: SD

District: 01

2008 Primary

Transaction ID: 21546550

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Langevin For Congress

Mailing Address 181-A Knight St

City  
WarwickState  
RIZip Code  
02886

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. James Langevin

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2003

☒ Primary☐ General☐ Other (specify) ▼

State: RI

District: 02

2008 Primary

Transaction ID: 21546551

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Bono Committee

Mailing Address P.O. Box 3370

City  
Palm SpringsState  
CAZip Code  
92263

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Mary Bono Mack

Office Sought:

☒ House☐ Senate☐ President

Disbursement For:

2003

☒ Primary☐ General☐ Other (specify) ▼

State: CA

District: 45

2008 Primary

Transaction ID: 21546549

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 247 / 275

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City  
Jenkintown

State  
PA

Zip Code  
19046

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Allyson Y. Schwartz

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA

District: 13

2008 Primary

Transaction ID: 21546449

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Hayes For Congress

Mailing Address Post Office Box 2000

City  
Concord

State  
NC

Zip Code  
28026

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Robin C. Hayes

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC

District: 08

2008 Primary

Transaction ID: 21546453

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Shays For Congress Committee

Mailing Address 98 East Avenue Rear Building

City  
Norwalk

State  
CT

Zip Code  
06851

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Christopher Shays

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT

District: 04

2008 Primary

Transaction ID: 21546452

Date of Disbursement

09 / 19 / 2007

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

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

PAGE 248 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Tiberi For Congress

**Transaction ID:** 21546553

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City Columbus State OH Zip Code 43229

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Patrick J. TiberiOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

2008 Primary

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Conaway For Congress

**Transaction ID:** 21546451

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Mailing Address PO Box 51272

City Midland State TX Zip Code 79710

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Michael K. ConawayOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 11

2008 Primary

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Maurice Hinchey

**Transaction ID:** 21546547

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Mailing Address PO Box 4497

City Kingston State NY Zip Code 12402

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Maurice D. HincheyOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 22

2008 Primary

Amount of Each Disbursement this Period

1000.00

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

3000.00

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



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

PAGE 249 / 275

<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

**A.** Full Name (Last, First, Middle Initial)  
Capuano For Congress Committee

Mailing Address PO Box 440305

City Somerville State MA Zip Code 02144

Purpose of Disbursement

Candidate Name  
Rep. Michael E. CapuanoOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 08

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21546554

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Volunteers For Shimkus

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement

Candidate Name  
Rep. John M. ShimkusOffice Sought: ☒ House  
☐ Senate  
☐ President

State: IL District: 19

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21638435

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
Texans For Senator John Cornyn IncMailing Address 6850 Austin Centre Blvd  
Suite 180

City Austin State TX Zip Code 78731

Purpose of Disbursement

Candidate Name  
Sen. John CornynOffice Sought: ☐ House  
☒ Senate  
☐ President

State: TX District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21638496

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 250 / 275

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Porter For Congress

Mailing Address 7840 Red Leaf Drive

City  
Las Vegas

State  
NV

Zip Code  
89131

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Jon C. Porter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

2008 Primary

Transaction ID: 21638490

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Andrews For Congress Committee

Mailing Address 215 Fourth Avenue  
Suite 200

City  
Haddon Heights

State  
NJ

Zip Code  
08035

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Robert E. Andrews

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 01

2008 Primary

Transaction ID: 21638491

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Voice For Freedom PAC

Mailing Address 2451 Cumberland Parkway  
Suite 3264

City  
Atlanta

State  
GA

Zip Code  
30339

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 21638495

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Yarmuth For Congress

Mailing Address 1819 Brownsboro Road  
Suite 100

City Louisville State KY Zip Code 40206

Purpose of Disbursement

Candidate Name  
Rep. John A. YarmuthOffice Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 03

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21638489

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Candice Miller For Congress

Mailing Address PO Box 182152

City Shelby Township State MI Zip Code 48318

Purpose of Disbursement

Candidate Name  
Rep. Candice S. MillerOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 10

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21638492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tuesday Group PAC

Mailing Address c/o Goeas and Associates  
1707 Prince Street, #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21638498

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	0	7

Amount of Each Disbursement this Period

2500.00

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

4500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Walberg For Congress

Mailing Address 6769 Teachout Rd.

City State Zip Code  
Tipton MI 49287

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Tim Walberg

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 07

2008 Primary

Transaction ID: 21638502

Date of Disbursement

09 / 25 / 2007

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address PO Box 23940

City State Zip Code  
Santa Barbara CA 93121

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

2008 Primary

Transaction ID: 21913032

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code  
Fremont CA 94537

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Fortney Peter Stark

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

2008 Primary

Transaction ID: 21920645

Date of Disbursement

10 / 17 / 2007

Amount of Each Disbursement this Period

4000.00

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

6500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.** Full Name (Last, First, Middle Initial)  
Dave Camp For Congress 2008

Mailing Address 5915 Eastman Ave. Suite 100

City State Zip Code  
Midland MI 48640

Purpose of Disbursement

Candidate Name  
Rep. David Lee CampOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 04

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
2008 General

Transaction ID: 21918785

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Citizens For Harkin

Mailing Address P O Box 811

City State Zip Code  
Des Moines IA 50304

Purpose of Disbursement

Candidate Name  
Sen. Tom HarkinOffice Sought: ☐ House  
☒ Senate  
☐ President

State: IA District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21913516

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

2000.00

**C.** Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City State Zip Code  
San Antonio TX 78212

Purpose of Disbursement

Candidate Name  
Rep. Charles A. GonzalezOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 20

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21920650

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Cardoza For Congress

Mailing Address P.O. Box 2749

City  
MercedState  
CAZip Code  
95344

Purpose of Disbursement

Candidate Name

Mr. Dennis Cardoza

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA

District: 18

2008 Primary

Transaction ID: 21917297

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Tim Ryan For Congress

Mailing Address 1600 Roosevelt Avenue  
Suite 804City  
NilesState  
OHZip Code  
44446

Purpose of Disbursement

Candidate Name

Rep. Timothy J. Ryan

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH

District: 17

2008 Primary

Transaction ID: 21920654

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Mailing Address P.O. Box 40233

City  
Fort WayneState  
INZip Code  
46804

Purpose of Disbursement

Candidate Name

Rep. Mark E. Souder

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For:

2003

☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN

District: 03

2008 Primary

Transaction ID: 21920655

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.** Full Name (Last, First, Middle Initial)  
Kendrick Meek Campaign For CongressMailing Address 111 Nw 183rd Street  
Suite 325

City Miami State FL Zip Code 33169

Purpose of Disbursement

Candidate Name  
Rep. Kendrick B. MeekOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 17

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21914513

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	7		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Pat Roberts For Senate

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name  
Sen. Pat RobertsOffice Sought: ☐ House  
☒ Senate  
☐ President

State: KS District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21960300

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

3000.00

**C.** Full Name (Last, First, Middle Initial)  
Pat Roberts For Senate

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530

Purpose of Disbursement

Candidate Name  
Sen. Pat RobertsOffice Sought: ☐ House  
☒ Senate  
☐ President

State: KS District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼  
2008 General

Transaction ID: 21960344

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

2000.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Pickering For Congress Mailing Address P.O. Box 4297	<b>Transaction ID:</b> 21966808 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2007</div> </div>
City State Zip Code Brandon MS 39047 Purpose of Disbursement Void - Pickering For Congress Candidate Name Rep. Charles W. Pickering, Jr. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MS District: 03 2008 Primary	<b>Amount of Each Disbursement this Period</b> <div>-2500.00</div> <b>Category/Type</b> <div>011</div> Void - Pickering For Congress
<b>B.</b> Full Name (Last, First, Middle Initial) Tim Murphy For Congress Mailing Address PO Box 24551 City State Zip Code Pttsburgh PA 15234 Purpose of Disbursement Candidate Name Rep. Tim F. Murphy Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18 2008 Primary	<b>Transaction ID:</b> 21960564 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>2000.00</div> <b>Category/Type</b> <div>011</div>
<b>C.</b> Full Name (Last, First, Middle Initial) Norm Coleman For U S Senate Mailing Address 1412 Energy Park Drive #11 City State Zip Code Saint Paul MN 55108 Purpose of Disbursement Candidate Name Mr. Norm Coleman Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2003 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MN District: 02 2008 Primary	<b>Transaction ID:</b> 21959957 <b>Date of Disbursement</b> <div> <div>10</div> <div>24</div> <div>2007</div> </div> <b>Amount of Each Disbursement this Period</b> <div>5000.00</div> <b>Category/Type</b> <div>011</div>

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

**4500.00**

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Gordon Smith

Mailing Address 228 S Washington Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
Sen. Gordon H. SmithOffice Sought: ☐ House  
☒ Senate  
☐ President

State: OR District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 21960886

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	4		2	0	0	7

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Citizens To Elect Rick Larsen

Mailing Address PO Box 326

City Everett State WA Zip Code 98206

Purpose of Disbursement

Candidate Name  
Rep. Rick LarsenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: WA District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22084845

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of Max Baucus

Mailing Address PO Box 586

City Helena State MT Zip Code 59624

Purpose of Disbursement

Candidate Name  
Sen. Max BaucusOffice Sought: ☐ House  
☒ Senate  
☐ President

State: MT District: 01

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22084853

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

1750.00

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

6750.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

John D. Dingell For Congress Committee

Mailing Address 607 14th Street N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement

Candidate Name  
Rep. John D. DingellOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 15

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22083197

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

National Leadership PAC

Mailing Address Attn: David W. Jones  
127 4th Street, SE Suite C

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 22084843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street  
2nd Floor Suite 200

City Laredo State TX Zip Code 78042

Purpose of Disbursement

Candidate Name  
Rep. Henry CuellarOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 28

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22084844

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

8500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Northstar Leadership PAC

Mailing Address P.O. Box 28754

City  
St. PaulState  
MNZip Code  
55128

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 22084732

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Pryor For Us Senate

Mailing Address PO Box 2720

City  
Little RockState  
ARZip Code  
72203

Purpose of Disbursement

Candidate Name  
Sen. Mark L. PryorOffice Sought: ☐ House  
☒ Senate  
☐ President

State: AR District: 02

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼2003  
2008 Primary

Transaction ID: 22084855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		3	1		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Gene Green Congressional Campaign

Mailing Address PO Box 16128

City  
HoustonState  
TXZip Code  
77222

Purpose of Disbursement

Candidate Name  
Rep. Gene GreenOffice Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 29

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼2003  
2008 Primary

Transaction ID: 22251916

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	0	7

Amount of Each Disbursement this Period

2000.00

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

5500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
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(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

**A.**

Full Name (Last, First, Middle Initial)

Hooley For Congress

Mailing Address PO Box 2050

City  
SalemState  
ORZip Code  
97308

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Darlene Hooley

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 05

2008 General

Transaction ID: 22251912

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Marion Berry For Congress

Mailing Address P.O. Box 8084

City  
JonesboroState  
ARZip Code  
72403

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Marion Berry

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 01

2008 Primary

Transaction ID: 22251902

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

David Scott For Congress

Mailing Address P.O. Box 960821

City  
RiverdaleState  
GAZip Code  
30296

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. David A. Scott

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 13

2008 Primary

Transaction ID: 22251905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

Amount of Each Disbursement this Period

2500.00

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

5500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Collins For Senator

Mailing Address PO Box 1096

City  
Bangor

State  
ME

Zip Code  
04402

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Sen. Susan M. Collins

Office Sought:

☐ House

☒ Senate

☐ President

State: ME

District: 02

Disbursement For:

2003

☒ Primary

☐ General

☐ Other (specify) ▼

2008 Primary

Transaction ID: 22251913

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Pete-PAC

Mailing Address 815 Slaters Lane

City  
Alexandria

State  
VA

Zip Code  
22314

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Office Sought:

☐ House

☐ Senate

☐ President

State:

District: 00

Disbursement For:

2003

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 22251908

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Perlmutter For Congress

Mailing Address 3440 Youngfield St #264

City  
Wheat Ridge

State  
CO

Zip Code  
80033

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Perlmutter

Office Sought:

☒ House

☐ Senate

☐ President

State: CO

District: 07

Disbursement For:

2003

☒ Primary

☐ General

☐ Other (specify) ▼

2008 Primary

Transaction ID: 22251904

Date of Disbursement

11 / 14 / 2007

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Friends Of Mary Landrieu Inc

Transaction ID: 22251903

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

Mailing Address 607 14th Street Nw Suite 800  
Suite 1434

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City Washington State DC Zip Code 20005

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sen. Mary L. LandrieuOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 01

2008 Primary

**B.**

Full Name (Last, First, Middle Initial)

Souder For Congress Inc.

Transaction ID: 22251909

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

Mailing Address P.O. Box 40233

Amount of Each Disbursement this Period

1000.00									
---------	--	--	--	--	--	--	--	--	--

City Fort Wayne State IN Zip Code 46804

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Mark E. SouderOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

2008 Primary

**C.**

Full Name (Last, First, Middle Initial)

Shore PAC

Transaction ID: 22251910

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	4		2	0	7	

Mailing Address P.O. Box 3157

Amount of Each Disbursement this Period

5000.00									
---------	--	--	--	--	--	--	--	--	--

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name

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

State: District: 00

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

7000.00

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

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

PAGE 263 / 275

<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

**A.**

Full Name (Last, First, Middle Initial)

Ron Lewis For Congress

Mailing Address PO Box 307

City  
ElizabethtownState  
KYZip Code  
42702

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Ron LewisOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 02

2008 Primary

Transaction ID: 22251917

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	4	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Wynn For Congress

Mailing Address P.O. Box 39139

City  
WashingtonState  
DCZip Code  
20016

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Albert Russell WynnOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 04

2008 Primary

Transaction ID: 22407985

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Lot Of People For Dave Obey

Mailing Address 525 Washington St  
PO Box 1322City  
WausauState  
WIZip Code  
54402

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. David R. ObeyOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

2008 Primary

Transaction ID: 22407987

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	2	8	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Congressman Waxman Campaign Committee

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Henry A. Waxman

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 30

2008 Primary

Transaction ID: 22408919

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Sue Myrick For Congress

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Sue Wilkins Myrick

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

2008 Primary

Transaction ID: 22407993

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Markey Committee, The

Mailing Address PO Box 526

City Medford State MA Zip Code 02155

Purpose of Disbursement

011

Category/  
Type

Candidate Name  
Rep. Edward J. Markey

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 07

2008 Primary

Transaction ID: 22407986

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

4000.00

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

7500.00

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 275

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charlie Dent For Congress

Mailing Address PO Box 442

City  
Allentown

State  
PA

Zip Code  
18105

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Mr. Charles Dent

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

2008 Primary

Transaction ID: 22408921

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Courtney For Congress

Mailing Address 38 Risley Road

City  
Vernon

State  
CT

Zip Code  
06066

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Joseph D. Courtney

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

2008 Primary

Transaction ID: 22407990

Date of Disbursement

11 / 28 / 2007

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. Joseph

State  
MI

Zip Code  
49085

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Rep. Fred Upton

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

2008 Primary

Transaction ID: 22751907

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Rep. Fred UptonOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

2008 Primary

Transaction ID: 22841442

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City  
Sioux FallsState  
SDZip Code  
57101

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sen. Tim JohnsonOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 01

2008 General

Transaction ID: 22751913

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City  
Sioux FallsState  
SDZip Code  
57101

Purpose of Disbursement

011

Category/  
TypeCandidate Name  
Sen. Tim JohnsonOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: SD District: 01

2008 General

Transaction ID: 22842462

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	1	9	/	2	0	0	7

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement

Candidate Name  
Rep. Chaka FattahOffice Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22751917

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement

Candidate Name  
Rep. Chaka FattahOffice Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22841186

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address 6896 Casper Mountain Rd

City Casper State WY Zip Code 82601

Purpose of Disbursement

Candidate Name  
Mr. John BarrassoOffice Sought: ☐ House  
☒ Senate  
☐ President

State: WY District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22751910

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

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

7500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address 6896 Casper Mountain Rd

City State Zip Code  
Casper WY 82601

Purpose of Disbursement

Candidate Name  
Mr. John BarrassoOffice Sought: ☐ House  
☒ Senate  
☐ President

State: WY District: 02

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼  
2008 Primary

Transaction ID: 22843094

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Lone Star Leadership PAC

Mailing Address 217 Third Street, SE

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 22751905

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

LEGPAC

Mailing Address 38 Ivy Street

City State Zip Code  
Washington DC 20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 22751908

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	9		2	0	0	7

Amount of Each Disbursement this Period

5000.00

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

8500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 269 / 275

<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

A.

Full Name (Last, First, Middle Initial)

LEGPAC

Mailing Address 38 Ivy Street

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District: 00

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 22843234

Date of Disbursement

12 / 19 / 2007

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Upton For All Of Us

Mailing Address P.O. Box 490

City  
St. Joseph

State  
MI

Zip Code  
49085

Purpose of Disbursement  
Void - Upton For All Of Us

Candidate Name  
Rep. Fred Upton

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 06

Disbursement For:

☒ Primary ☐ General  
☐ Other (specify) ▼

2003  
2008 Primary

Transaction ID: 22840333

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

-2500.00

Void - Upton For All Of  
Us

C.

Full Name (Last, First, Middle Initial)

Tim Johnson For South Dakota Inc

Mailing Address PO Box 1536

City  
Sioux Falls

State  
SD

Zip Code  
57101

Purpose of Disbursement  
Void - Tim Johnson For South Dakota Inc

Candidate Name  
Sen. Tim Johnson

Office Sought: ☐ House  
☒ Senate  
☐ President

State: SD District: 01

Disbursement For:

☐ Primary ☒ General  
☐ Other (specify) ▼

2008  
2008 General

Transaction ID: 22840505

Date of Disbursement

12 / 20 / 2007

Amount of Each Disbursement this Period

-1000.00

Void - Tim Johnson For So-  
uth Dakota Inc

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

1500.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Fattah For Congress

Mailing Address 3900 Ford Road Suite 12-O

City Philadelphia State PA Zip Code 19131

Purpose of Disbursement  
Void - Fattah For CongressCandidate Name  
Rep. Chaka FattahOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 02

2008 Primary

Transaction ID: 22840523

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Amount of Each Disbursement this Period

-2500.00

Void - Fattah For Congress

**B.**

Full Name (Last, First, Middle Initial)

Friends Of John Barrasso

Mailing Address 6896 Casper Mountain Rd

City Casper State WY Zip Code 82601

Purpose of Disbursement  
Void - Friends Of John BarrassoCandidate Name  
Mr. John BarrassoOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 02

2008 Primary

Transaction ID: 22840945

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Amount of Each Disbursement this Period

-2500.00

Void - Friends Of John Barrasso

**C.**

Full Name (Last, First, Middle Initial)

LEGPAC

Mailing Address 38 Ivy Street

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Void - LEGPAC

Candidate Name

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

State: District: 00

Transaction ID: 22840966

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	0		2	0	0	7

Amount of Each Disbursement this Period

-5000.00

Void - LEGPAC

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

-10000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary 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

**A.**

Full Name (Last, First, Middle Initial)

Klein For Congress

Mailing Address 21301 Powerline Road Suite 204

City	State	Zip Code
Boca Raton	FL	33433

Purpose of Disbursement

Candidate Name  
Rep. Ronald KleinOffice Sought: ☒ House  
☐ Senate  
☐ President

State: FL

District: 22

Disbursement For: 2003  
☒ Primary ☐ General  
☐ Other (specify) ▼

2008 Primary

Transaction ID: 22862656

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	1		2	0	0	7

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

176250.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 272 / 275

<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

A.

Full Name (Last, First, Middle Initial)

Dr. Thomas L Dourmashkin

Mailing Address

199 Maple Ridge Rd

City

Northampton

State

MA

Zip Code

01062-9749

Purpose of Disbursement

DOURMASHKIN, THOMAS/RFND BATCH # 0724812 9/5/07

Candidate Name

010

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District: 00

Transaction ID: 21767841

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

0.00

DOURMASHKIN, THOMAS/RFND  
BATCH # 0724812 9/5/07

B.

Full Name (Last, First, Middle Initial)

Dr. Thomas L Dourmashkin

Mailing Address

199 Maple Ridge Rd

City

Northampton

State

MA

Zip Code

01062-9749

Purpose of Disbursement

Void - Dr. Thomas L Dourmashkin

Candidate Name

010

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District: 00

Transaction ID: 21767842

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

0.00

Void - Dr. Thomas L Dourmashkin

C.

Full Name (Last, First, Middle Initial)

Dr. Thomas L Dourmashkin

Mailing Address

199 Maple Ridge Rd

City

Northampton

State

MA

Zip Code

01062-9749

Purpose of Disbursement

DOURMASHKIN, THOMAS/RFND BATCH # 0724812 9/5/07

Candidate Name

010

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

State:

District: 00

Transaction ID: 21767845

Date of Disbursement

10 / 03 / 2007

Amount of Each Disbursement this Period

250.20

DOURMASHKIN, THOMAS/RFND  
BATCH # 0724812 9/5/07

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

250.20

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



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

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

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 275

<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

A.

Full Name (Last, First, Middle Initial)

Dr. Syed A Zafar

Mailing Address

PO Box 755

City

Franklin Park

State

NJ

Zip Code

08823-0755

Purpose of Disbursement

Void - Dr. Syed A Zafar

Candidate Name

010

Category/  
Type

Office Sought:

☐

House

☐

Senate

☐

President

State:

District: 00

Disbursement For:

☐

Primary

☐

General

☐

Other (specify) ▼

Transaction ID: 22254989

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

-100.00

Void - Dr. Syed A Zafar

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

-100.00

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

150.20

# **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)

PAGE 274 / 275

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 23109272

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
07 / 31 / 2007

Amount of Each Disbursement this Period

137.97

**B.**

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 23109273

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
08 / 31 / 2007

Amount of Each Disbursement this Period

113.88

**C.**

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 23109275

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
09 / 30 / 2007

Amount of Each Disbursement this Period

261.00

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

512.85

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 275 / 275

<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

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 23109365

Date of Disbursement

10 / 31 / 2007

Amount of Each Disbursement this Period

1094.48

B.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 23109366

Date of Disbursement

11 / 30 / 2007

Amount of Each Disbursement this Period

1593.35

C.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City  
IRVING

State  
TX

Zip Code  
75062

Purpose of Disbursement

Candidate Name

001  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District: 00

Transaction ID: 23109367

Date of Disbursement

12 / 31 / 2007

Amount of Each Disbursement this Period

441.50

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

3129.33

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

3642.18