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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5
AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

ADDRESS (number and street) 555 East Wells Street, Suite 1100
 Check if different than previously reported. (ACC) Milwaukee WI 53202-3823

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C00324780

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

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

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M / D D / Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the:

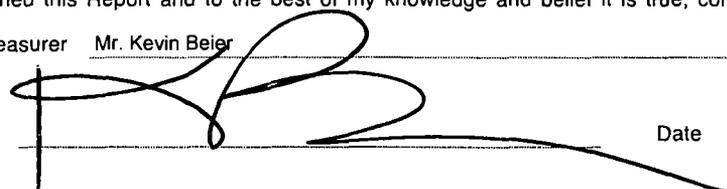
<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 01 / 01 / 2015 through 06 / 30 / 2015

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

Type or Print Name of Treasurer Mr. Kevin Beier

Signature of Treasurer 

Date 07 / 21 / 2015

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									
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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

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From:

MM / DD / YYYY
01 / 01 / 2015

To:

MM / DD / YYYY
06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		292143.32
(b) Cash on Hand at Beginning of Reporting Period.....	292143.32	
(c) Total Receipts (from Line 19)	15423.64	15423.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	307566.96	307566.96
7. Total Disbursements (from Line 31)	72750.53	72750.53
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	234816.43	234816.43
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN ACADEMY OF EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE AAEM PAC

Report Covering the Period: From:

MM	DD	YY
01	01	2015

 To:

MM	DD	YY
06	30	2015

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8100.00	8100.00
(ii) Unitemized.....	7131.00	7131.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	15231.00	15231.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	15231.00	15231.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	192.64	192.64
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	15423.64	15423.64
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15423.64	15423.64

NON-FEDERAL RECEIPTS

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	250.53	250.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	250.53	250.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	72500.00	72500.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	72750.53	72750.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72750.53	72750.53

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)	15231.00	15231.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15231.00	15231.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	250.53	250.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	250.53	250.53

NON-CONFIDENTIAL

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 20		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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

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

Full Name (Last, First, Middle Initial) A. Dr. Leonardo L. Alonso		Date of Receipt MM / DD / YYYY 01 / 26 / 2015
Mailing Address 831 Chicopit Lane		Transaction ID : SA11AI.4955
City Jacksonville	State FL	Zip Code 32225
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Memorial Medical Center	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Mark Avery Boney		Date of Receipt MM / DD / YYYY 04 / 08 / 2015
Mailing Address 906 Rodie Ave		Transaction ID : SA11AI.4957
City Fayetteville	State NC	Zip Code 28304-1749
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Cape Fear Valley Med Ctr Emrgncy	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. J. Allen Britvan		Date of Receipt MM / DD / YYYY 06 / 26 / 2015
Mailing Address 8 Spruce Hill Court		Transaction ID : SA11AI.4959
City Pleasantville	State NY	Zip Code 10570
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Northeast Medical Group	Occupation physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

NON-FINANCIAL CONTRIBUTION

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

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

FOR LINE NUMBER: PAGE 7 OF 20
(check only one)

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

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

A. Dr. Michael R. Burton
Full Name (Last, First, Middle Initial)
Mailing Address 3875 Geist Road, Suite E #203

City Fairbanks	State AK	Zip Code 99709
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FEC ID number of contributing federal political committee. **C**

Name of Employer Golden Heart Emergency Physicians	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2015
Transaction ID : SA11AI.4961

Amount of Each Receipt this Period
500.00

B. Dr. R. Lee Chilton III
Full Name (Last, First, Middle Initial)
Mailing Address 5601 Joe Sayers Avenue
Unit B

City Austin	State TX	Zip Code 78756-1311
----------------	-------------	------------------------

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

Name of Employer Neighbors Emergency Centers	Occupation Facility Medical Director
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 05 / 2015
Transaction ID : SA11AI.4963

Amount of Each Receipt this Period
250.00

C. Dr. Eric S. Csortan
Full Name (Last, First, Middle Initial)
Mailing Address 1 Fernwood Trail

City Ormond Beach	State FL	Zip Code 32174-4955
----------------------	-------------	------------------------

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

Name of Employer Brevard Physicians Associates	Occupation physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 16 / 2015
Transaction ID : SA11AI.4965

Amount of Each Receipt this Period
500.00

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

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

1250.00

NON-PROFIT ORGANIZATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 20	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17	

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

A. Dr. Francis X. Del Vecchio
 Full Name (Last, First, Middle Initial)
 Mailing Address 7816 Foothill Ash Avenue
 City Las Vegas State NV Zip Code 89117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer EMCARE Occupation PHYSICIAN
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 01 / 08 / 2015
 Transaction ID : SA11A1.4969
 Amount of Each Receipt this Period
250.00

B. Dr. Eric S. Dennis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1149 Dunrobin Garden Street
 City Henderson State NV Zip Code 89002-9233
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Fremont Emergency Services Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 02 / 11 / 2015
 Transaction ID : SA11A1.4971
 Amount of Each Receipt this Period
250.00

C. Dr. Lara J. De Nonno
 Full Name (Last, First, Middle Initial)
 Mailing Address 506 Lenox Avenue Room 2105
 City New York State NY Zip Code 10037
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harlem Hospital Occupation Attending Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 01 / 29 / 2015
 Transaction ID : SA11A1.4967
 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).....

CONFIDENTIAL

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. David A. Farcy		Date of Receipt
Mailing Address 1660 Cleveland Rd		MM / DD / YYYY 03 / 09 / 2015
City	State	Zip Code
Miami Beach	FL	33141-1719
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.4973	
	Amount of Each Receipt this Period	
	500.00	
Name of Employer	Occupation	
david a farky md pa	medical doctor	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	500.00	

Full Name (Last, First, Middle Initial) B. Dr. Steven H. Gartzman		Date of Receipt
Mailing Address 2 Pravia Path Drive		MM / DD / YYYY 03 / 24 / 2015
City	State	Zip Code
Missouri City	TX	77459
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.4975	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
First Choice Emergency Room	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

Full Name (Last, First, Middle Initial) C. Dr. Victor S. Ho		Date of Receipt
Mailing Address 11831 Red Coat Ln.		MM / DD / YYYY 01 / 18 / 2015
City	State	Zip Code
Houston	TX	77024-5034
FEC ID number of contributing federal political committee.	Transaction ID : SA11AI.4977	
	Amount of Each Receipt this Period	
	250.00	
Name of Employer	Occupation	
Lai-Ho, PA	Physician	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

20150118 10:00:00 AM

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

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

FOR LINE NUMBER: PAGE 10 OF 20
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. John Hopkins

Mailing Address **244 Haines Ave**

City **Barrington** State **NJ** Zip Code **08007**

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

Name of Employer **Not Provided** Occupation **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
03 / 18 / 2015

Transaction ID : **SA11AI.5042**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Leland J. Irwin

Mailing Address **3800 Saddle Creek Lane**

City **Lexington** State **KY** Zip Code **40515**

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

Name of Employer **Central Emergency Physicians, PSC** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 14 / 2015

Transaction ID : **SA11AI.4979**

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Jerry L. Karr

Mailing Address **72 Forest Hills Dr**

City **Washington** State **MO** Zip Code **63090**

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

Name of Employer **Mercy Medical Group East Communities** Occupation **Emergency Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
01 / 21 / 2015

Transaction ID : **SA11AI.4981**

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).....

11-11-2014 10:00 AM

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

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

FOR LINE NUMBER: PAGE 11 OF 20
(check only one)

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

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

Full Name (Last, First, Middle Initial)
A. Dr. Shammi R. Kataria

Mailing Address 117 Villaggio Drive

City State Zip Code
Lafayette LA 70508-6600

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

Name of Employer Occupation
Professional Emergency Physicians Asso Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 30 / 2015

Transaction ID : SA11AI.4983

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Dr. Christopher L. Klingenberg

Mailing Address 469 CR107

City State Zip Code
Nacogdoches TX 75965

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

Name of Employer Occupation
Good Sheperd Medical Center physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 28 / 2015

Transaction ID : SA11AI.4985

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Dr. Wendi S. Miller

Mailing Address 1830 S Ocean Dr
Apt 4704

City State Zip Code
Hallandale Beach FL 33009

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

Name of Employer Occupation
Miller Emergency Medicine, LLC Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
01 / 09 / 2015

Transaction ID : SA11AI.4987

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).....▶

NON-PROFIT CORPORATION

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 14 OF 20	
	(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"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Dr. Matthew W. Turney
 Full Name (Last, First, Middle Initial)
 Mailing Address 3605 Van Tassel Street
 City Amarillo State TX Zip Code 79121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amarillo Emergency Center Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 01 / 18 / 2015
 Transaction ID : SA11AI.5001
 Amount of Each Receipt this Period
 250.00

B. Dr. Sean Wilkie
 Full Name (Last, First, Middle Initial)
 Mailing Address 284 W Adoncia Dr Apt 217
 City Bakersfield State CA Zip Code 93306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Altamont Emergency Physicians Occupation Emergency Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 01 / 05 / 2015
 Transaction ID : SA11AI.5003
 Amount of Each Receipt this Period
 250.00

C. Dr. Michael Robert Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 122 Carondelet Ct
 City Bossier City State LA Zip Code 71111-5478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Willis-Knighton Bossier ER Occupation physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date 250.00

Date of Receipt
 03 / 02 / 2015
 Transaction ID : SA11AI.5005
 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).....	8100.00

UNLAWFUL TO REPRODUCE OR TRANSMIT

**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 15 OF 20

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

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

Full Name (Last, First, Middle Initial)

A. AMERIPAC: The Fund for a Great

Mailing Address

City State Zip Code

Purpose of Disbursement
contribution

Candidate Name
AMERIPAC: THE FUND FOR A GREATER AMERICA

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY	01 / 13 / 2015
----------------	----------------

Transaction ID : **SB23.5010**

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Andy Harris for Congress

Mailing Address PO Box 426

City State Zip Code
Stevensville MD 21666

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY	01 / 13 / 2015
----------------	----------------

Transaction ID : **SB23.5025**

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Cassidy for US Senate

Mailing Address PO Box 80505

City State Zip Code
Baton Rouge LA 70898

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY	01 / 13 / 2015
----------------	----------------

Transaction ID : **SB23.5026**

Amount of Each Disbursement this Period

2500.00

Category/
Type

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

7500.00

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

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20150113 10:00 AM

**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 16 OF 20			
	<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

A. Comstock for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 831

City McLean State VA Zip Code 22101

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5027

Amount of Each Disbursement this Period
2500.00

B. Diane Black For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 254 W. Eastland, PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5028

Amount of Each Disbursement this Period
5000.00

C. Eye of the Tiger PAC

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152

Purpose of Disbursement contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5030

Amount of Each Disbursement this Period
5000.00

SUBTOTAL of Disbursements This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	

NON-PROFIT ORGANIZATION

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5031

Amount of Each Disbursement this Period

7500.00

Full Name (Last, First, Middle Initial)

B. Friends of Roy Blunt

Mailing Address PO Box 10178

City Columbia State MO Zip Code 65205

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5032

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Grassley Committee

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304

Purpose of Disbursement contribution

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5033

Amount of Each Disbursement this Period

5000.00

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

15000.00

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

20150113 10:00:00 AM

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Turquoise PAC

Mailing Address 1050 17th Street NW
Suite 590

City Washington State DC Zip Code 20036

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5039

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Upton for All of US

Mailing Address PO Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
contribution

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 13 / 2015

Transaction ID : SB23.5040

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

10000.00

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

72500.00

NON-PROFIT CORPORATION

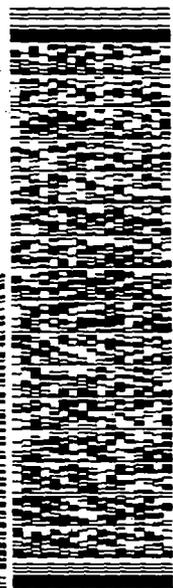
SHIP DATE: 01AUG15
ACTWGT: 0.3 LB
CAD: /P051601
DIMS: 0x0x0 IN
BILL*SENDER

ORIGIN ID:THAA (414) 276-7990
AAEM
555 E WELLS ST STE 1100
MILWAUKEE, WI 532023800
UNITED STATES US

FEDERAL ELECTION COMMISSION
999 E ST NW

WASHINGTON DC 20463

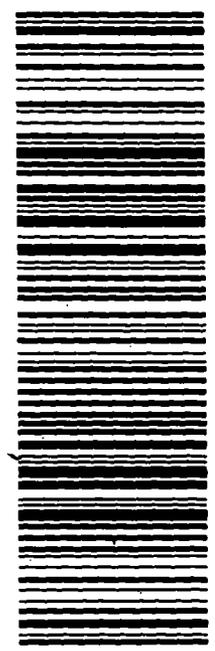
(202) 245-3481
REF1



MON - 03 AUG AA
STANDARD OVERNIGHT
NSR
20463
DC-US IAD

TRK# 8079 4289 3670
0215

XC RDVA



RECEIVED
FEC.MAIL CENTE
2015 AUG -3 AM 11:

FedEx Package
Express US Airbill

Tracking Number: 8079 4289 3670



1 From Date
Sender's Name: Dan Ellenberger
Company: AAEM
Address: 555 E WELLS ST STE 1100
City: MILWAUKEE State: WI ZIP: 53202-3800

2 Your Internal Billing Reference

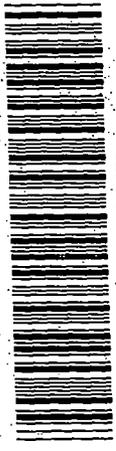
3 To Recipient's Name
Company: Federal Election Commission
Address: 999 E Street NW
City: Washington State: DC ZIP: 20463

Address: 999 E Street NW
City: Washington State: DC ZIP: 20463

Address: 999 E Street NW
City: Washington State: DC ZIP: 20463

Address: 999 E Street NW
City: Washington State: DC ZIP: 20463

Address: 999 E Street NW
City: Washington State: DC ZIP: 20463



8079 4289 3670

RT 677
15:00
3670
08:03

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

NON-CONFIDENTIAL INFORMATION

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>fed Ex</i>	Shipping Date <i>8/1/15</i>
	Next Business Day Delivery <input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER	<i>8/3/15</i> DATE PREPARED