



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
National Emergency Medicine Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		464642.03
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	552005.97									
(c) Total Receipts (from Line 19) .....	558248.32	1027019.22								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1110254.29	1491661.25								
7. Total Disbursements (from Line 31) .....	294333.77	675740.73								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	815920.52	815920.52								
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**

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	340081.35	593564.49
(ii) Unitemized .....	217169.33	431826.01
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	557250.68	1025390.50
(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) .....	557250.68	1025390.50
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 .....	950.00	950.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	47.64	678.72
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)) .....	558248.32	1027019.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	558248.32	1027019.22

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	285500.00	655000.00
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 .....	700.00	700.00
(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)) .....	700.00	700.00
29. Other Disbursements.....	8133.77	20040.73
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))..	294333.77	675740.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	294333.77	675740.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	557250.68	1025390.50
34. Total Contribution Refunds (from Line 28(d)) .....	700.00	700.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	556550.68	1024690.50
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 / 476  
(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)  
Victor R R Abuel

Mailing Address 909 Ballantyne Rd

City State Zip Code  
Gross Pointe Shore MI 48236-1217

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

Name of Employer Occupation  
Emerg Med Spec PC 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 6 / 2 0 0 9

**Transaction ID:** C789465

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
John Agee

Mailing Address 2507 Shannon Dr

City State Zip Code  
Valparaiso IN 46383-2447

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

Name of Employer Occupation  
Porter Meml Hosp ED 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 9

**Transaction ID:** C802054

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
James B B Aiken

Mailing Address 81 Yosemite Dr

City State Zip Code  
New Orleans LA 70131-8661

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

Name of Employer Occupation  
Dr. James B Aiken 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 / 0 6 / 2 0 0 9

**Transaction ID:** C764046

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 7 / 476  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Vijay Akkapeddi</p> <p>Mailing Address 9 private lovett court</p> <p>City State Zip Code blauvelt NY 10913-1247</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer emergency medical associa- tes, NJ PC</p> <p>Occupation physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">500.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2009</span></p> <p><b>Transaction ID:</b> C786996</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">500.00</span></p>
--	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Mark Austin Austin Alderdice</p> <p>Mailing Address PO Box 1198</p> <p>City State Zip Code Inverness CA 94937-1198</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer California Emer Phys</p> <p>Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">563.65</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">07 / 30 / 2009</span></p> <p><b>Transaction ID:</b> C761856</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">367.65</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark Austin Austin Alderdice</p> <p>Mailing Address PO Box 1198</p> <p>City State Zip Code Inverness CA 94937-1198</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer California Emer Phys</p> <p>Occupation Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">563.65</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 18 / 2009</span></p> <p><b>Transaction ID:</b> C807093</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">96.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">963.65</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 476  
(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)  
John R R Allegra  
Mailing Address 7 Valley View Drive

City State Zip Code  
Montville NJ 07045-9601

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Emergency Medical Associates of NJ physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 22 / 2009  
**Transaction ID: C759961**  
 Amount of Each Receipt this Period  
600.00

**B.** Full Name (Last, First, Middle Initial)  
vinita M almeida  
Mailing Address 11 willow way

City State Zip Code  
chatham NJ 07928

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
EMA physician

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

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2009  
**Transaction ID: C786978**  
 Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Marilyn Frances Frances Althoff  
Mailing Address 55 Talmadge Rd

City State Zip Code  
Mendham NJ 07945-1531

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2009  
**Transaction ID: C791384**  
 Amount of Each Receipt this Period  
600.00

**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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 476  
(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)  
Christopher S Amato

Mailing Address 509 Primrose Court

City Belle Mead State NJ Zip Code 08502-6439

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

Name of Employer: Emergency Medical Associates of NJ  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 09 / 17 / 2009  
**Transaction ID: C780219**  
 Amount of Each Receipt this Period: 700.00

**B.** Full Name (Last, First, Middle Initial)  
Michael John Ameres

Mailing Address 60 Highview Dr

City Sag Harbor State NY Zip Code 11963-2904

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

Name of Employer: Southampton Hosp  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 05 / 2009  
**Transaction ID: C776704**  
 Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen H H Anderson

Mailing Address 29933 First Place S

City Federal Way State WA Zip Code 98003-4305

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

Name of Employer: Auburn Reg Med Ctr  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 06 / 2009  
**Transaction ID: C789494**  
 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 10 / 476  
(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)  
Steve Scott Andrews

Mailing Address 2900 Thomas Ave S #1729

City State Zip Code  
Minneapolis MN 55416

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

Name of Employer North Memorial Occupation 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  
08 / 25 / 2009

**Transaction ID:** C770674

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve Scott Andrews

Mailing Address 2900 Thomas Ave S #1729

City State Zip Code  
Minneapolis MN 55416

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

Name of Employer North Memorial Occupation 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  
09 / 24 / 2009

**Transaction ID:** C782539

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Paul Anthony Anthony Andrulonis

Mailing Address Las Olas River House  
333 Las Olas Way Apt 905

City State Zip Code  
Ft Lauderdale FL 33301-4300

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

Name of Employer Baptist Hosp of Miami EM Dept 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  
07 / 15 / 2009

**Transaction ID:** C751206

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 11 / 476  
(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)  
Paul Anthony Anthony Andrulonis

Mailing Address Las Olas River House  
333 Las Olas Way Apt 905

City Ft Lauderdale State FL Zip Code 33301-4300

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

Name of Employer Baptist Hosp of Miami EM Dept  
Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 03 / 2009  
Transaction ID: C802088  
Amount of Each Receipt this Period 700.00

**B.** Full Name (Last, First, Middle Initial)  
Paul Anthony Anthony Andrulonis

Mailing Address Las Olas River House  
333 Las Olas Way Apt 905

City Ft Lauderdale State FL Zip Code 33301-4300

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

Name of Employer Baptist Hosp of Miami EM Dept  
Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2009  
Transaction ID: C803447  
Amount of Each Receipt this Period 700.00

**C.** Full Name (Last, First, Middle Initial)  
Paul Anthony Anthony Andrulonis

Mailing Address Las Olas River House  
333 Las Olas Way Apt 905

City Ft Lauderdale State FL Zip Code 33301-4300

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

Name of Employer Baptist Hosp of Miami EM Dept  
Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 11 / 2009  
Transaction ID: C803448  
Amount of Each Receipt this Period -700.00

**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 12 / 476

(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)  
Bradley L L Anglemyer

Mailing Address 1133 Metropolitan Ave Unit 614

City State Zip Code  
Charlotte NC 28204-3401

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

Name of Employer Occupation  
Dr. Bradley L Anglemyer 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  
07 / 22 / 2009

Transaction ID: C760001

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
James V V Antinori

Mailing Address 3060 Oak Rim Ln

City State Zip Code  
Park City UT 84060-6803

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

Name of Employer Occupation  
EPIC LLC 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  
10 / 04 / 2009

Transaction ID: C787820

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jimmie R Appel, Jr

Mailing Address PO Box 7846

City State Zip Code  
Amarillo TX 79114-7846

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

Name of Employer Occupation  
Dr. Jimmie R Appel, Jr 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  
09 / 30 / 2009

Transaction ID: C787005

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 Page

FOR LINE NUMBER: PAGE 13 / 476

(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)  
Timothy F F Archer

Mailing Address SQ-13 Lake Cherokee

City State Zip Code  
Henderson TX 75652-9456

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

Name of Employer Occupation  
LRMC Emerg Rm 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  
07 / 27 / 2009

Transaction ID: C761155

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Joshua S S Ardise

Mailing Address 16 Powderhorn Rd

City State Zip Code  
Flemington NJ 08822-7137

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

Name of Employer Occupation  
Dr. Joshua S Ardise Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
11 / 12 / 2009

Transaction ID: C804556

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Brahim Ardolic

Mailing Address 475 Seaview Ave

City State Zip Code  
Staten Island NY 10305-3436

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

Name of Employer Occupation  
Staten Island Univ Dept of EM 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  
10 / 06 / 2009

Transaction ID: C789526

Amount of Each Receipt this Period

1000.00

**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 14 / 476  
(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)  
Robert David David Argand

Mailing Address 3321 Plateau Dr

City Belmont State CA Zip Code 94002-1311

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

Name of Employer Dr. Robert David Argand Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 30 / 2009

Transaction ID: C761798

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert D D Arnce, Jr

Mailing Address 1225 W Fountain Rd

City Joplin State MO Zip Code 64801-7329

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

Name of Employer Dr. Robert D Arnce, Jr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2009

Transaction ID: C764045

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey L L Arnold

Mailing Address 460 Twin Pines Dr

City Scotts Valley State CA Zip Code 95066-3920

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

Name of Employer Dr. Jeffrey L Arnold Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt 07 / 30 / 2009

Transaction ID: C761836

Amount of Each Receipt this Period 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **717.65**

**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 / 476  
(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)  
Jeffrey L L Arnold

Mailing Address 460 Twin Pines Dr

City State Zip Code  
Scotts Valley CA 95066-3920

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

Name of Employer Occupation  
Dr. Jeffrey L Arnold Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807196

Amount of Each Receipt this Period  
96.00

**B.** Full Name (Last, First, Middle Initial)  
Crystal Arthur

Mailing Address 906 Rowland

City State Zip Code  
Leonard MI 48367-2212

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

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761756

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Crystal Arthur

Mailing Address 906 Rowland

City State Zip Code  
Leonard MI 48367-2212

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

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785420

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **596.00**

**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 16 / 476

(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)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Memf Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761709

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Memf Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773679

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Memf Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2009

Transaction ID: C782184

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 17 / 476

(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)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Memf Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785416

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Memf Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2009

Transaction ID: C794448

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Memf Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1300.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 22 / 2009

Transaction ID: C808465

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 18 / 476

(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)  
Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City State Zip Code  
Lexington MA 02420-2115

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

Name of Employer Occupation  
Sturdy Meml Hosp 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  
1 2 / 2 2 / 2 0 0 9

Transaction ID: C819464

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Jayashree Avula

Mailing Address 110 Mundy Ave

City State Zip Code  
Staten Island NY 10310-2630

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

Name of Employer Occupation  
Richmond Univ Med Ctr 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 / 3 0 / 2 0 0 9

Transaction ID: C786999

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Rashid J J Baddoura

Mailing Address 120 Heights Rd

City State Zip Code  
Ridgewood NJ 07450-2412

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

Name of Employer Occupation  
Valley Hospital 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 8 / 2 0 0 9

Transaction ID: C761291

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 19 / 476

(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)  
David Michael Michael Baker

Mailing Address 7244 Silver Spur Trl

City State Zip Code  
Fair Oaks Ranch TX 78015-4213

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

Name of Employer Occupation  
Dr. David Michael Baker 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  
07 / 24 / 2009

Transaction ID: C760990

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark Baker

Mailing Address 34 Puukani Pl

City State Zip Code  
Kailua HI 96734-2928

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

Name of Employer Occupation  
Pali Momi Med Ctr 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  
10 / 06 / 2009

Transaction ID: C789515

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Banas

Mailing Address 2823 Aspen Rd

City State Zip Code  
Rhineland WI 54501-8563

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

Name of Employer Occupation  
St Marys Hosp 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  
08 / 25 / 2009

Transaction ID: C770767

Amount of Each Receipt this Period

150.00

**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 20 / 476  
(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)  
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 Dr. Robert Barandica Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761866  
Amount of Each Receipt this Period 367.65

**B.** Full Name (Last, First, Middle Initial)  
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 Dr. Robert Barandica Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt 11 / 18 / 2009  
Transaction ID: C807104  
Amount of Each Receipt this Period 96.00

**C.** Full Name (Last, First, Middle Initial)  
Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City Midlothian State VA Zip Code 23113-6047

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

Name of Employer Henrico Doctor's Hospital Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2009  
Transaction ID: C787870  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 563.65

**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 / 476

(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)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code  
Midlothian VA 23113-6047

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

Name of Employer Occupation  
Henrico Doctor's Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810240

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City State Zip Code  
Midlothian VA 23113-6047

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

Name of Employer Occupation  
Henrico Doctor's Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839114

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City State Zip Code  
Newton MA 02459-1714

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

Name of Employer Occupation  
Tufts Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761723

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 22 / 476  
(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)  
Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City State Zip Code  
Newton MA 02459-1714

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

Name of Employer Tufts Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID: C773678**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City State Zip Code  
Newton MA 02459-1714

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

Name of Employer Tufts Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID: C785419**

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City State Zip Code  
Newton MA 02459-1714

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

Name of Employer Tufts Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID: C802029**

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 23 / 476  
(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)  
Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City State Zip Code  
Newton MA 02459-1714

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

Name of Employer Tufts Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID: C787837**

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Louis Louis Barricella

Mailing Address 712 Grove Ave

City State Zip Code  
Cliffside Park NJ 07010-2008

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

Name of Employer Dr. Robert Louis Barricella Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2009

**Transaction ID: C763174**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Louis Louis Barricella

Mailing Address 712 Grove Ave

City State Zip Code  
Cliffside Park NJ 07010-2008

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

Name of Employer Dr. Robert Louis Barricella Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 14 / 2009

**Transaction ID: C778583**

Amount of Each Receipt this Period  
100.00

**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 24 / 476

(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)  
Carrie Ann Ann Barton

Mailing Address 8715 Hassett Rd

City State Zip Code  
Oklahoma City OK 73131-4060

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

Name of Employer Occupation  
Norman Regional Hospital Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 06 / 2009

Transaction ID: C747359

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Melissa Ann Ann Barton

Mailing Address 510 W 4th St

City State Zip Code  
Royal Oak MI 48067-2402

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

Name of Employer Occupation  
Sinai-Grace Hosp 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 / 22 / 2009

Transaction ID: C760014

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey H H Bass

Mailing Address 1515 Majorca Dr

City State Zip Code  
Morgan Hill CA 95037-7033

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

Name of Employer Occupation  
California Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 467.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761841

Amount of Each Receipt this Period

367.65

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

1617.65

**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 / 476  
(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)  
Jeffrey H H Bass

Mailing Address 1515 Majorca Dr

City State Zip Code  
Morgan Hill CA 95037-7033

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 ▼ 467.65

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C839078**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Michael Bazakis

Mailing Address 2280 Manchester Drive

City State Zip Code  
Saginaw MI 48609

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

Name of Employer Covenant Health Care Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID: C785506**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
D Michael Bear

Mailing Address 5 Donatello

City State Zip Code  
Aliso Viejo CA 92656-1481

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

Name of Employer Corona Regl Méd Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 588.65

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761827**

Amount of Each Receipt this Period  
367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► 967.65

**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 / 476  
(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)  
D Michael Bear

Mailing Address 5 Donatello

City State Zip Code  
Aliso Viejo CA 92656-1481

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

Name of Employer Occupation  
Corona Regl Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 588.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID: C815081**

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian Bearie

Mailing Address 36125 Cherrywood Dr

City State Zip Code  
Yucaipa CA 92399-5721

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

Name of Employer Occupation  
St Bernardine Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761820**

Amount of Each Receipt this Period  
367.65

**C.**

Full Name (Last, First, Middle Initial)  
Brian Bearie

Mailing Address 36125 Cherrywood Dr

City State Zip Code  
Yucaipa CA 92399-5721

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

Name of Employer Occupation  
St Bernardine Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID: C807231**

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **559.65**

**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 / 476

(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)  
Dennis M M Beck

Mailing Address Beacon Med Svcs  
3033 S Parker Rd Ste 800

City Aurora State CO Zip Code 80014-2938

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 09 / 29 / 2009

**Transaction ID:** C785516

Amount of Each Receipt this Period 1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Marian Bednar

Mailing Address 737 E Bethel School Rd

City Coppell State TX Zip Code 75019-4188

FEC ID number of contributing federal political committee. C

Name of Employer Presbyterian Hosp Allen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 30 / 2009

**Transaction ID:** C761717

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Marian Bednar

Mailing Address 737 E Bethel School Rd

City Coppell State TX Zip Code 75019-4188

FEC ID number of contributing federal political committee. C

Name of Employer Presbyterian Hosp Allen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 08 / 28 / 2009

**Transaction ID:** C773672

Amount of Each Receipt this Period 50.00

**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 28 / 476

(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)  
Marian Bednar

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. C

Name of Employer Presbyterian Hosp Allen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 28 / 2009

**Transaction ID:** C785418

Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Marian Bednar

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. C

Name of Employer Presbyterian Hosp Allen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 29 / 2009

**Transaction ID:** C798607

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Marian Bednar

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. C

Name of Employer Presbyterian Hosp Allen Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 30 / 2009

**Transaction ID:** C810233

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... 150.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 29 / 476

(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)  
Marian Bednar

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

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

Name of Employer Occupation  
Presbyterian Hosp Allen 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 / 3 1 / 2 0 0 9

Transaction ID: C839126

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)  
Michelle Abrams Abrams Beeson

Mailing Address 2322 FM 2280

City State Zip Code  
Cleburne TX 76031-7800

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

Name of Employer Occupation  
Harris Meth Hosp HEB ED 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 2 / 2 0 0 9

Transaction ID: C776097

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
James Neil Neil Belleza

Mailing Address 6116 Ledgeview Dr

City State Zip Code  
Peninsula OH 44264-9545

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

Name of Employer Occupation  
Stark County Emergency Ph-ys 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 3 / 2 0 0 9

Transaction ID: C766220

Amount of Each Receipt this Period

100.00

**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 30 / 476

(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)

James Neil Neil Belleza

Mailing Address 6116 Ledgeview Dr

City State Zip Code  
Peninsula OH 44264-9545

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

Name of Employer Occupation  
Stark County Emergency Ph- Emergency Physician  
ys

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C778571

Amount of Each Receipt this Period  
900.00

**B.**

Full Name (Last, First, Middle Initial)

John C C Benanti

Mailing Address 27 Duggan Dr

City State Zip Code  
Framingham MA 01702-6109

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

Name of Employer Occupation  
South Shore Hosp Emergency Physician

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

Date of Receipt

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

Transaction ID: C769300

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Jacob Benford

Mailing Address 110 Vineyard Ct

City State Zip Code  
Aptos CA 95003-5850

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

Name of Employer Occupation  
Dr. Jacob Benford Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 296.00

Date of Receipt

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

Transaction ID: C807204

Amount of Each Receipt this Period  
96.00

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

1246.00

**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 / 476

(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)

Scott A Bentz

Mailing Address 3209 Skycroft Dr.

City State Zip Code  
St. Anthony MN 55418-2551

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

Name of Employer Occupation  
EPPA Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C806025

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin J J Bercik

Mailing Address 8552 Pennington Ct

City State Zip Code  
Powell OH 43065-9055

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

Name of Employer Occupation  
Marion General Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789546

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Bergen

Mailing Address Emerson Hosp  
133 Old Rd to 9 Acre Cor

City State Zip Code  
Concord MA 01742-4159

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

Name of Employer Occupation  
Emerson Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802022

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 32 / 476  
(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)  
Richard P Berger, MD, FACEP  
Mailing Address 1735 Middlebrook Road

City State Zip Code  
Bound Brook NJ 08805-1339

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

Name of Employer Occupation  
Emergency Medical Associates ED physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009  
**Transaction ID: C776620**  
Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew I I Bern  
Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 33071-5826

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

Name of Employer Occupation  
Inphynet Team Hlth Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1083.33

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009  
**Transaction ID: C761769**  
Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Andrew I I Bern  
Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 33071-5826

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

Name of Employer Occupation  
Inphynet Team Hlth Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1083.33

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009  
**Transaction ID: C773698**  
Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1166.66**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 476  
(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)  
Andrew I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 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 ▼ 1083.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID:** C785421

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Andrew I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 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 ▼ 1083.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 04 / 2009

**Transaction ID:** C787875

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Andrew I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 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 ▼ 1083.33

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 29 / 2009

**Transaction ID:** C798590

Amount of Each Receipt this Period  
83.37

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.03**

**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 / 476  
(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)  
Andrew I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 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 ▼ 1083.33

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2009

**Transaction ID:** C814920

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Andrew I I Bern

Mailing Address 9846 NW 18th St

City State Zip Code  
Coral Spgs FL 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 ▼ 1083.33

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839117

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin Bernstein

Mailing Address 4 South St

City State Zip Code  
Great Neck NY 11023-1219

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

Name of Employer Emergency Medical Associates Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2009

**Transaction ID:** C770008

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1166.66**

**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 35 / 476  
(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)  
Benjamin Bernstein

Mailing Address 4 South St

City State Zip Code  
Great Neck NY 11023-1219

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

Name of Employer Occupation  
Emergency Medical Associates Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2009

**Transaction ID:** C770009

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Kiran Beyer

Mailing Address 3337 SE Alder St

City State Zip Code  
Portland OR 97214-3121

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

Name of Employer Occupation  
NW Acute Care Spec Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

**Transaction ID:** C761225

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Stewart E E Bick

Mailing Address 1149 W 116th St

City State Zip Code  
Carmel IN 46032-9512

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

Name of Employer Occupation  
St Vincent Hosp & Hlth Cre Ctr Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** C776706

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 Page

FOR LINE NUMBER: PAGE 36 / 476

(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)

Stewart E E Bick

Mailing Address 1149 W 116th St

City State Zip Code  
Carmel IN 46032-9512

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

Name of Employer Occupation  
St Vincent Hosp & Hlth Cre Emergency Physician  
Ctr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

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

Transaction ID: C797466

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)

David Birdsall

Mailing Address 191 La Serena Ave

City State Zip Code  
Alamo CA 94507-2148

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

Name of Employer Occupation  
Mt Diablo Hospital Medical Emergency Physician  
Ctr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 563.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761868

Amount of Each Receipt this Period  
367.65

**C.**

Full Name (Last, First, Middle Initial)

David Birdsall

Mailing Address 191 La Serena Ave

City State Zip Code  
Alamo CA 94507-2148

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

Name of Employer Occupation  
Mt Diablo Hospital Medical Emergency Physician  
Ctr

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 563.65

Date of Receipt

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

Transaction ID: C790110

Amount of Each Receipt this Period  
100.00

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

567.65

**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 / 476  
(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)  
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 ▼ 563.65

Date of Receipt 11 / 18 / 2009

Transaction ID: C815108

Amount of Each Receipt this Period 96.00

**B.**

Full Name (Last, First, Middle Initial)  
Glenn Birnbaum

Mailing Address 7 Cromwell Dr

City Chester State NJ Zip Code 07930-2153

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

Name of Employer Emergency Medical Assoc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 22 / 2009

Transaction ID: C782284

Amount of Each Receipt this Period 500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael D D Bishop, MD, FACEP

Mailing Address Unity Phys Grp PC  
1155 W 3rd St

City Bloomington State IN Zip Code 47404-5016

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

Name of Employer Unity Phys Grp PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 19 / 2009

Transaction ID: C780438

Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1096.00

**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 38 / 476  
(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)  
Gregory J J Bjerke

Mailing Address 2973 Peterson Pkwy

City State Zip Code  
Fargo ND 58102-1752

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

Name of Employer Occupation  
Sanford-Meritcare Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

Transaction ID: C759971

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Joseph Bledsoe

Mailing Address 1468 E Zenith Ave

City State Zip Code  
Salt Lake City UT 84106-3433

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

Name of Employer Occupation  
Univ of UT Hosp & Clinics ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2009

Transaction ID: C792242

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Andra Leah Leah Blomkalns

Mailing Address 3188 Golden Hollow Ave

City State Zip Code  
Cincinnati OH 45226-2055

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

Name of Employer Occupation  
Dr. Andra Leah Blomkalns Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

Transaction ID: C788971

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 39 / 476  
(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)  
Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City State Zip Code  
Morgantown WV 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 ▼ 916.63

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761754**

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City State Zip Code  
Morgantown WV 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 ▼ 916.63

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID: C773667**

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City State Zip Code  
Morgantown WV 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 ▼ 916.63

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID: C802032**

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 40 / 476  
(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)  
Frederick C 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 ▼ 916.63

Date of Receipt 11 / 30 / 2009  
Transaction ID: C810205  
Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Frederick C 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 ▼ 916.63

Date of Receipt 12 / 31 / 2009  
Transaction ID: C839092  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Ioliene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City Latham State NY Zip Code 12110-1186

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

Name of Employer Samaritan Hospital Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 374.99

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761737  
Amount of Each Receipt this Period 41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► 208.33

**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 41 / 476

(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)

Joliene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City State Zip Code  
Latham NY 12110-1186

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

Name of Employer Occupation  
Samaritan Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 374.99

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773705

Amount of Each Receipt this Period

41.67

**B.**

Full Name (Last, First, Middle Initial)

Joliene Beth Beth Boenau

Mailing Address 21 Vandenburg Ln

City State Zip Code  
Latham NY 12110-1186

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

Name of Employer Occupation  
Samaritan Hospital Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 374.99

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785417

Amount of Each Receipt this Period

41.63

**C.**

Full Name (Last, First, Middle Initial)

Michael A Bohrn

Mailing Address 70 Timberline Dr.

City State Zip Code  
Wyomissing PA 19610-1970

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

Name of Employer Occupation  
YORK HOSPITAL EMERGENCY PHYSICIAN

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2009

Transaction ID: C754971

Amount of Each Receipt this Period

50.00

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

133.30

**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 / 476  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael A Bohrn

Mailing Address 70 Timberline Dr.

City State Zip Code  
Wyomissing PA 19610-1970

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

Name of Employer YORK HOSPITAL      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 / 2009

**Transaction ID:** C761711

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
David A A Bolivar

Mailing Address 1577 Smiley Heights

City State Zip Code  
Redlands CA 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 ▼ 463.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** C761835

Amount of Each Receipt this Period  
367.65

**C.** Full Name (Last, First, Middle Initial)  
David A A Bolivar

Mailing Address 1577 Smiley Heights

City State Zip Code  
Redlands CA 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 ▼ 463.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 18 / 2009

**Transaction ID:** C815093

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **513.65**

**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 / 476

(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)  
Robert T T Bonham

Mailing Address 2101 Nuuanu Ave Apt 2005  
Apt 2005

City State Zip Code  
Honolulu HI 96817-1769

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

Name of Employer Occupation  
Univ of Hawaii KCC EMS 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 / 1 7 / 2 0 0 9

Transaction ID: C806032

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ashley E E Booth

Mailing Address 3915 Riverside Ave

City State Zip Code  
Jacksonville FL 32205-9336

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

Name of Employer Occupation  
Shands Jacksonville Educ 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 9

Transaction ID: C761776

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ashley E E Booth

Mailing Address 3915 Riverside Ave

City State Zip Code  
Jacksonville FL 32205-9336

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

Name of Employer Occupation  
Shands Jacksonville Educ 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 3 / 2 0 0 9

Transaction ID: C802021

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 44 / 476  
(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)  
Keith Thomas 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 ▼ 949.99

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761715  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Keith Thomas 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 ▼ 949.99

Date of Receipt 10 / 07 / 2009  
Transaction ID: C790116  
Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Keith Thomas 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 ▼ 949.99

Date of Receipt 11 / 30 / 2009  
Transaction ID: C810237  
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 45 / 476

(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)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

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

Name of Employer Occupation  
Med Univ of SC Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 949.99

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839100

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Rodney W W Borger

Mailing Address 400 N Pepper Ave

City State Zip Code  
Colton CA 92324-1801

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

Name of Employer Occupation  
ARMC Dept of EM Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761857

Amount of Each Receipt this Period

367.65

**C.**

Full Name (Last, First, Middle Initial)

Rodney W W Borger

Mailing Address 400 N Pepper Ave

City State Zip Code  
Colton CA 92324-1801

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

Name of Employer Occupation  
ARMC Dept of EM Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

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

Transaction ID: C807359

Amount of Each Receipt this Period

96.00

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

546.98

**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 / 476  
(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)  
Roger W W Boswell

Mailing Address 411 Columbia Dr

City State Zip Code  
Rockwall TX 75032-5708

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

Name of Employer Occupation  
Lake Pointe Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 01 / 2009

**Transaction ID:** C746779

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Roger W W Boswell

Mailing Address 411 Columbia Dr

City State Zip Code  
Rockwall TX 75032-5708

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

Name of Employer Occupation  
Lake Pointe Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** C750695

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Bower

Mailing Address 2 Via Chapala

City State Zip Code  
San Clemente CA 92673-2732

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

Name of Employer Occupation  
S Coast Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 321.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

**Transaction ID:** C761261

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 47 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Michael Bower

Mailing Address 2 Via Chapala

City State Zip Code  
San Clemente CA 92673-2732

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

Name of Employer S Coast Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 321.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: C807223

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Jameson A A Bowles

Mailing Address 1918 Seven Maples Dr

City State Zip Code  
Kingswood TX 77345-1712

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

Name of Employer Dr. Jameson A Bowles Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

Transaction ID: C750681

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark R R Bowman

Mailing Address 1105 5th St

City State Zip Code  
Tillamook OR 97141-3508

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

Name of Employer Tillamook Co Genl Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

Transaction ID: C749650

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **846.00**

**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 / 476  
(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) John C C Bradford		Date of Receipt MM / DD / YYYY 08 / 11 / 2009
Mailing Address Akron Gen Med Ctr 400 Wabash Ave		<b>Transaction ID:</b> C765745
City Akron	State OH	Zip Code 44307-2433
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Akron Gen Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

**B.**

Full Name (Last, First, Middle Initial) Richard Neville Neville Bradley		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 6410 Fannin St Ste 1100		<b>Transaction ID:</b> C761742
City Houston	State TX	Zip Code 77030-5302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer The UT Health Science Cen- ter	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00	

**C.**

Full Name (Last, First, Middle Initial) Thomas A A Brant		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 8823 Taunton Dr		<b>Transaction ID:</b> C787016
City Huntersville	State NC	Zip Code 28078-8513
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 17.00
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 204.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	367.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 49 / 476  
(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)  
Thomas A A Brant

Mailing Address 8823 Taunton Dr

City State Zip Code  
Huntersville NC 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787058**

Amount of Each Receipt this Period  
17.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas A A Brant

Mailing Address 8823 Taunton Dr

City State Zip Code  
Huntersville NC 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787071**

Amount of Each Receipt this Period  
17.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas A A Brant

Mailing Address 8823 Taunton Dr

City State Zip Code  
Huntersville NC 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848354**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.00

**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 / 476  
(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)  
Thomas A A Brant

Mailing Address 8823 Taunton Dr

City State Zip Code  
Huntersville NC 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848355**

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas A A Brant

Mailing Address 8823 Taunton Dr

City State Zip Code  
Huntersville NC 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848356**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrea M Brault, MD, FACEP

Mailing Address Emergency Groups Office  
444 E Huntington Dr # 300

City State Zip Code  
Arcadia CA 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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID: C787815**

Amount of Each Receipt this Period  
250.00

**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 51 / 476

(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)  
Gayle L L Brauhnoltz

Mailing Address 5115 Black Bear Ln Unit # 2

City State Zip Code  
Vail CO 81657-5422

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

Name of Employer Occupation  
Emer Dept Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 03 / 2009

Transaction ID: C763171

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles A A Bregier, Jr

Mailing Address 5546 Fallon Ct

City State Zip Code  
Charlotte NC 28226-5629

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

Name of Employer Occupation  
Presbyterian Urgent Care Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
10 / 19 / 2009

Transaction ID: C793995

Amount of Each Receipt this Period  
150.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael F F Brin

Mailing Address 12616 N St Anne Ln

City State Zip Code  
Mequon WI 53092-2263

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

Name of Employer Occupation  
Infinity Healthcare Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2009

Transaction ID: C754963

Amount of Each Receipt this Period  
500.00

**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 52 / 476  
(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)  
Wallace Monroe Monroe Broadbent  
Mailing Address 9887 Q Ave

City State Zip Code  
Mattawan MI 49071-9435

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

Name of Employer Occupation  
Kalamazoo Emer Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** C769995

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Wallace Monroe Monroe Broadbent  
Mailing Address 9887 Q Ave

City State Zip Code  
Mattawan MI 49071-9435

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

Name of Employer Occupation  
Kalamazoo Emer Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2009

**Transaction ID:** C796626

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Wallace Monroe Monroe Broadbent  
Mailing Address 9887 Q Ave

City State Zip Code  
Mattawan MI 49071-9435

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

Name of Employer Occupation  
Kalamazoo Emer Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 03 / 2009

**Transaction ID:** C800599

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 53 / 476

(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)

Robert I I Broida

Mailing Address PO Box 5404

City State Zip Code  
Akron OH 44334-0404

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

Name of Employer Occupation  
Dr. Robert I Broida Emergency Physician

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

Date of Receipt

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

Transaction ID: C790100

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Francine H H Brooks

Mailing Address 21 Fair St

City State Zip Code  
Cold Spring NY 10516-3005

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

Name of Employer Occupation  
Vassar Brothers Hosp Emergency Physician

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

Date of Receipt

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

Transaction ID: C785510

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas P Brosnan, MD, JD

Mailing Address 1420 East Roseville Parkway St  
Ste 140-107

City State Zip Code  
Roseville CA 95661

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

Name of Employer Occupation  
Dr. Douglas P Brosnan Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 221.00

Date of Receipt

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

Transaction ID: C807290

Amount of Each Receipt this Period  
96.00

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

596.00

**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 / 476

(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)  
Timothy K K Brown

Mailing Address 1830 Bro-Mor St

City State Zip Code  
Saginaw MI 48602-4844

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

Name of Employer Occupation  
Covenant Emer Phys Grp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761785

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Travis R B R B Brownell

Mailing Address 30 Spanish Bay

City State Zip Code  
N Sioux City SD 57049-5447

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

Name of Employer Occupation  
Mercy Med Ctr Emer Med De- pt Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C839086

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Yvonne Marie Marie Brutger

Mailing Address 9615 Wyoming Cir

City State Zip Code  
Bloomington MN 55438-1628

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

Name of Employer Occupation  
North Memorial Medical Ce- nter Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 13 / 2009

Transaction ID: C766215

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 Page

FOR LINE NUMBER: PAGE 55 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Eric Bryant

Mailing Address 1635 Pontiac St

City State Zip Code  
Denver CO 80220-1829

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

Name of Employer Kaiser Exempla St Joseph Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787833

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Ellen M Bubel

Mailing Address 2361 S Holly Pl

City State Zip Code  
Denver CO 80222-6218

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

Name of Employer Ms. Ellen M Bubel  
Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
367.65

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761850

Amount of Each Receipt this Period  
367.65

**C.**

Full Name (Last, First, Middle Initial)  
Austin William William Burgess

Mailing Address 236 Seatrace Ln

City State Zip Code  
Newport NC 28570-6408

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

Name of Employer Carteret Gen Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID:** C766218

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **867.65**

**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 / 476  
(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)  
Mary C C Burke

Mailing Address 14 Birchwood Dr

City State Zip Code  
Southborough MA 01772-1646

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

Name of Employer Milford Whitinsville Regl 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 3 / 2 0 0 9

**Transaction ID: C802081**

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Buscho

Mailing Address 23 Washington Ave

City State Zip Code  
San Rafael CA 94903-4115

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 ▼ 563.65

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 7 / 3 0 / 2 0 0 9

**Transaction ID: C761818**

Amount of Each Receipt this Period  
367.65

**C.** Full Name (Last, First, Middle Initial)  
Robert Buscho

Mailing Address 23 Washington Ave

City State Zip Code  
San Rafael CA 94903-4115

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 ▼ 563.65

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 0 8 / 1 1 / 2 0 0 9

**Transaction ID: C765754**

Amount of Each Receipt this Period  
367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1735.30**

**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 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Robert Buscho

Mailing Address 23 Washington Ave

City State Zip Code  
San Rafael CA 94903-4115

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

Name of Employer Occupation  
CA Emer Phys Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
08 / 11 / 2009

**Transaction ID:** C765755

Amount of Each Receipt this Period  
-367.65

**B.**

Full Name (Last, First, Middle Initial)  
Robert Buscho

Mailing Address 23 Washington Ave

City State Zip Code  
San Rafael CA 94903-4115

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

Name of Employer Occupation  
CA Emer Phys Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C815080

Amount of Each Receipt this Period  
96.00

**C.**

Full Name (Last, First, Middle Initial)  
Martha Griffin Griffin Bush

Mailing Address PO Box 1

City State Zip Code  
Romance AR 72136-0001

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

Name of Employer Occupation  
HEB Emergicare Inc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 06 / 2009

**Transaction ID:** C747365

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-21.65**

**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 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael S S Bush		Date of Receipt MM / DD / YYYY 07 / 23 / 2009	
	Mailing Address 5531 Billy Casper Dr		<b>Transaction ID:</b> C760123	
	City	State	Zip Code	Amount of Each Receipt this Period
	Billings	MT	59106-1028	250.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St Vincents Hosp & Hlth Ctr		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Gregory James James Byrne		Date of Receipt MM / DD / YYYY 07 / 14 / 2009	
	Mailing Address 528 Regency Crossing		<b>Transaction ID:</b> C750693	
	City	State	Zip Code	Amount of Each Receipt this Period
	Southlake	TX	76092-9500	250.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer EmCare		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Jose Cabotage Cabotage Cacatian		Date of Receipt MM / DD / YYYY 08 / 03 / 2009	
	Mailing Address 920 Richmond Rd		<b>Transaction ID:</b> C763173	
	City	State	Zip Code	Amount of Each Receipt this Period
	Staten Island	NY	10304-2412	250.00
	FEC ID number of contributing federal political committee. <b>C</b>			
Name of Employer St Vincents Med Ctr Richm-ond		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 476

(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)  
Thomas James James Calvert

Mailing Address 204 Glenbrook Cir SE

City State Zip Code  
Huntsville AL 35801-1867

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

Name of Employer Occupation  
Huntsville Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: C765738

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Frederick B B Carlton, Jr

Mailing Address 2126 Sheffield Dr

City State Zip Code  
Jackson MS 39211-5850

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

Name of Employer Occupation  
Univ MS Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: C764030

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Frederick B B Carlton, Jr

Mailing Address 2126 Sheffield Dr

City State Zip Code  
Jackson MS 39211-5850

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

Name of Employer Occupation  
Univ MS Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820015

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 60 / 476  
(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)  
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 CA Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt 07 / 30 / 2009

Transaction ID: C761872

Amount of Each Receipt this Period 367.65

**B.**

Full Name (Last, First, Middle Initial)  
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 CA Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt 08 / 07 / 2009

Transaction ID: C764131

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
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 CA Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt 11 / 18 / 2009

Transaction ID: C807120

Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **563.65**

**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 61 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard Carter		Date of Receipt MM / DD / YYYY 10 / 15 / 2009		
	Mailing Address 1301 U St NW # 818		<b>Transaction ID:</b> C792239		
	City Washington	State DC	Zip Code 20009-7557	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Howard Univ Hosp	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas E E Carter		Date of Receipt MM / DD / YYYY 10 / 03 / 2009		
	Mailing Address 1990 Chariot Way		<b>Transaction ID:</b> C802041		
	City Portsmouth	State OH	Zip Code 45662-2486	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southern OH Med Ctr	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Paul D D Casey		Date of Receipt MM / DD / YYYY 08 / 14 / 2009		
	Mailing Address 101 Cherry St Unit 410 Unit 410		<b>Transaction ID:</b> C766285		
	City Green Bay	State WI	Zip Code 54301-4247	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Bellin Mem Hosp	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1100.00			

**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 62 / 476  
(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)  
Karen Ann Ann Casper

Mailing Address 191 Lake St  
191 Lake St

City State Zip Code  
Vineyard Haven MA 02568-6356

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

Name of Employer Occupation  
Marthas Vineyard Hosp Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** C754954

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Carlos H H Castellon

Mailing Address 152 NW Otter Ct

City State Zip Code  
Lake City FL 32055-7252

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

Name of Employer Occupation  
Innovative Med Svcs Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761740

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Marcel A A Cesar

Mailing Address PO Box 180253

City State Zip Code  
Delafield WI 53018-0253

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

Name of Employer Occupation  
Emer Med Spec Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
10 / 09 / 2009

**Transaction ID:** C791181

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 63 / 476  
(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)  
Cal Chaney

Mailing Address Refer to A387953

City State Zip Code  
Dallas TX 75261-9911

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

Name of Employer Occupation  
Mr. Cal Chaney Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

**Transaction ID:** C802090

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Cal Chaney

Mailing Address PO Box 619911  
ACEP

City State Zip Code  
Dallas TX 75261-9911

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

Name of Employer Occupation  
ACEP Emergency Physician

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

Date of Receipt  

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

**Transaction ID:** C803443

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Cal Chaney

Mailing Address Refer to A387953

City State Zip Code  
Dallas TX 75261-9911

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

Name of Employer Occupation  
Mr. Cal Chaney Information Requested

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 0.00

Date of Receipt  

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

**Transaction ID:** C803446

Amount of Each Receipt this Period  
-250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.00**

**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 64 / 476

(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)

John V V Chang

Mailing Address 1 Castle Dr

City State Zip Code  
Wilmington MA 01887-3188

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

Name of Employer Occupation  
Lawrence Gen Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C815144

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

John V V Chang

Mailing Address 1 Castle Dr

City State Zip Code  
Wilmington MA 01887-3188

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

Name of Employer Occupation  
Lawrence Gen Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C799291

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

John V V Chang

Mailing Address 1 Castle Dr

City State Zip Code  
Wilmington MA 01887-3188

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

Name of Employer Occupation  
Lawrence Gen Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C815145

Amount of Each Receipt this Period

-1000.00

**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 65 / 476

(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)  
David Mark Mark Charash

Mailing Address 12 Silver City Rd

City State Zip Code  
Newtown CT 06470-1041

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

Name of Employer Occupation  
Danbury Hosp 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 9 / 2 0 0 9

Transaction ID: C793998

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jason E E Cheatham

Mailing Address 3351 Indian Dr

City State Zip Code  
Portsmouth OH 45662-2408

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

Name of Employer Occupation  
Southern Ohio Med Ctr 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 9

Transaction ID: C802030

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven Chin

Mailing Address 19711 Quiet Bay Ln

City State Zip Code  
Huntingtn Bch CA 92648-2615

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

Name of Employer Occupation  
Presbyterian Intercomm Ho-sp ED 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 2 / 2 0 0 9

Transaction ID: C746967

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 66 / 476  
(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)  
Kathrine Christensen

Mailing Address 5925 E Univ Blvd Apt 233  
Apt 233

City State Zip Code  
Dallas TX 75206-9112

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  
MM / DD / YYYY  
12 / 09 / 2009

**Transaction ID:** C814907

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Paul E Christensen, MD, FACEP

Mailing Address French Hosp Med Ctr  
1911 Johnson Ave

City State Zip Code  
San Luis Obispo CA 93401-4131

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** C760961

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Paul E Christensen, MD, FACEP

Mailing Address French Hosp Med Ctr  
1911 Johnson Ave

City State Zip Code  
San Luis Obispo CA 93401-4131

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761833

Amount of Each Receipt this Period  
367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **967.65**

**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 / 476  
(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)  
Paul E Christensen, MD, FACEP

Mailing Address French Hosp Med Ctr  
1911 Johnson Ave

City San Luis Obispo State CA Zip Code 93401-4131

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: C807186

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael C C Christopher

Mailing Address 6149 E Wilshire Dr

City Scottsdale State AZ Zip Code 85257-1959

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

Name of Employer EMPower Emer Phys PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

Transaction ID: C766211

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael C C Christopher

Mailing Address 6149 E Wilshire Dr

City Scottsdale State AZ Zip Code 85257-1959

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

Name of Employer EMPower Emer Phys PC Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

Transaction ID: C802028

Amount of Each Receipt this Period  
125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **721.00**

**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 / 476

(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)  
Theodore A A Christopher, MD, FACEP

Mailing Address Thos Jefferson Univ Hosp ED  
1020 Samson St # 239 Thompson

City State Zip Code  
Philadelphia PA 19107-5002

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

Name of Employer Occupation  
Jefferson Emer Phys 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 9

Transaction ID: C787823

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Kwang H H Chung

Mailing Address 4881 Dargate Ln

City State Zip Code  
Murrysville PA 15668-9470

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

Name of Employer Occupation  
Indiana Reg Med Ctr ED 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 / 2 4 / 2 0 0 9

Transaction ID: C760988

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ludwig Julian Julian Cibelli

Mailing Address 1555 Lakeview St

City State Zip Code  
Beaumont CA 92223-8507

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

Name of Employer Occupation  
San Gorgonio Mem Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 563.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761843

Amount of Each Receipt this Period  
367.65

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

1617.65

**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 69 / 476  
(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)  
Ludwig Julian Julian Cibelli

Mailing Address 1555 Lakeview St

City State Zip Code  
Beaumont CA 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 ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: C807327

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City State Zip Code  
Saunderstown RI 02874-1943

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  
MM / DD / YYYY  
09 / 15 / 2009

Transaction ID: C778844

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City State Zip Code  
Saunderstown RI 02874-1943

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  
MM / DD / YYYY  
09 / 29 / 2009

Transaction ID: C785543

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2096.00**

**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 / 476  
(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)  
L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City State Zip Code  
Saunderstown RI 02874-1943

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

Name of Employer Occupation  
Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID:** C794125

Amount of Each Receipt this Period  
-1000.00

**B.** Full Name (Last, First, Middle Initial)  
Chad L L Clark

Mailing Address 3948 Shady Ridge Dr

City State Zip Code  
Corona CA 92881-8818

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

Name of Employer Occupation  
Riverside Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785379

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City State Zip Code  
Charlotte NC 28207-2317

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Ass-oc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 231.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** C787017

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **-879.00**

**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 / 476  
(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)  
John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City State Zip Code  
Charlotte NC 28207-2317

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 ▼ 231.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787057**  
 Amount of Each Receipt this Period: 21.00

**B.** Full Name (Last, First, Middle Initial)  
John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City State Zip Code  
Charlotte NC 28207-2317

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 ▼ 231.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787090**  
 Amount of Each Receipt this Period: 21.00

**C.** Full Name (Last, First, Middle Initial)  
John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City State Zip Code  
Charlotte NC 28207-2317

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 ▼ 231.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848304**  
 Amount of Each Receipt this Period: 21.00

**SUBTOTAL** of Receipts This Page (optional) ..... 63.00

**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 / 476  
(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)  
John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City State Zip Code  
Charlotte NC 28207-2317

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 ▼ 231.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C848305  
Amount of Each Receipt this Period: 21.00

**B.** Full Name (Last, First, Middle Initial)  
John B B Clark, Jr

Mailing Address 541 Hempstead Pl

City State Zip Code  
Charlotte NC 28207-2317

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 ▼ 231.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C848306  
Amount of Each Receipt this Period: 21.00

**C.** Full Name (Last, First, Middle Initial)  
Joseph Clark

Mailing Address 114 Sylvan Glen Dr

City State Zip Code  
Ebensburg PA 15931-7431

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

Name of Employer: Conemaugh Hlth System  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 09 / 2009  
Transaction ID: C749644  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 292.00

**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 / 476

(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)

R Carter Clements

Mailing Address 5558 Taft Ave

City State Zip Code  
Oakland CA 94618-1519

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

Name of Employer Occupation  
OakCare Med Grp Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

Transaction ID: C789525

Amount of Each Receipt this Period

1000.00
---------

**B.**

Full Name (Last, First, Middle Initial)

Joseph E E Clinton

Mailing Address 420 Delaware St SE

City State Zip Code  
Minneapolis MN 55455-0341

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

Name of Employer Occupation  
Univ of MN Med Schl Dept of EM Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	9

Transaction ID: C791395

Amount of Each Receipt this Period

100.00
--------

**C.**

Full Name (Last, First, Middle Initial)

Dennis G G Cochrane

Mailing Address 241 Brook Valley Rd

City State Zip Code  
Kinnelon NJ 07405-3331

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

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	3	/	2	0	0	9

Transaction ID: C791389

Amount of Each Receipt this Period

300.00
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**SUBTOTAL** of Receipts This Page (optional) .....

1400.00
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 74 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Pamela N N Coffey		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 6239 Pine Hollow Dr		<b>Transaction ID:</b> C761746		
	City E Lansing	State MI	Zip Code 48823-9728	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hurley Medical Center	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Pamela N N Coffey		Date of Receipt MM / DD / YYYY 10 / 29 / 2009		
	Mailing Address 6239 Pine Hollow Dr		<b>Transaction ID:</b> C798608		
	City E Lansing	State MI	Zip Code 48823-9728	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Hurley Medical Center	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) D Clarke Cole		Date of Receipt MM / DD / YYYY 08 / 18 / 2009		
	Mailing Address 25 Sawbuck Rd		<b>Transaction ID:</b> C768736		
	City Reno	State NV	Zip Code 89519-8003	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Reno Emer Phys	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

**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 75 / 476

(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)  
William W W Colgate

Mailing Address 4411 Bee Rdg Rd # 627

City State Zip Code  
Sarasota FL 34233-2514

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

Name of Employer Occupation  
Dr. William W Colgate 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 / 1 4 / 2 0 0 9

Transaction ID: C766290

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
William W W Colgate

Mailing Address 4411 Bee Rdg Rd # 627

City State Zip Code  
Sarasota FL 34233-2514

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

Name of Employer Occupation  
Dr. William W Colgate 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 9 / 1 9 / 2 0 0 9

Transaction ID: C780440

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)  
Suzanne B B Combs

Mailing Address 6427 N Ewing St

City State Zip Code  
Indianapolis IN 46220-4425

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

Name of Employer Occupation  
Emergency Services Inc 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 7 / 3 0 / 2 0 0 9

Transaction ID: C761792

Amount of Each Receipt this Period

365.00

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

765.00

**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 / 476

(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)

Amy Ruben Ruben Conley

Mailing Address 6419 Renwick Cir

City State Zip Code  
Tampa FL 33647-1173

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

Name of Employer Occupation  
Tampa Bay Emerg Phys 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 / 30 / 2009

Transaction ID: C761840

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Marco Coppola

Mailing Address 7105 Waldon Court

City State Zip Code  
Colleyville TX 76034-7319

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

Name of Employer Occupation  
Questcare Partners Physicians

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 17 / 2009

Transaction ID: C780302

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mitchell B B Cordover

Mailing Address 14616 Adgers Wharf

City State Zip Code  
Chesterfield MO 63017-5606

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

Name of Employer Occupation  
Dr. Mitchell B Cordover 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  
07 / 28 / 2009

Transaction ID: C761221

Amount of Each Receipt this Period

250.00

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 77 / 476

(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)

Cataldo Corrado, Jr

Mailing Address 6 Deer Path

City State Zip Code  
Farmington PA 15437-1351

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

Name of Employer Occupation  
Uniontown Hosp 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  
07 / 14 / 2009

Transaction ID: C750680

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Mario Anthony Anthony Cosenza

Mailing Address 3 Lake Shore Dr S

City State Zip Code  
Randolph NJ 07869-4763

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

Name of Employer Occupation  
Emer Med Assoc 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  
10 / 13 / 2009

Transaction ID: C791392

Amount of Each Receipt this Period  
700.00

**C.**

Full Name (Last, First, Middle Initial)

Brian J J Cote

Mailing Address 6429 Hidden Hollow

City State Zip Code  
Holland MI 49423-7901

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

Name of Employer Occupation  
Holland Hosp ED 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 / 14 / 2009

Transaction ID: C750663

Amount of Each Receipt this Period  
1000.00

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

1950.00

**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 78 / 476  
(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)  
Robert J J Cox

Mailing Address 817 Thomaston Street

City State Zip Code  
Barnesville GA 30204-1729

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

Name of Employer self Occupation  
self physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761741**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert J J Cox

Mailing Address 817 Thomaston Street

City State Zip Code  
Barnesville GA 30204-1729

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

Name of Employer self Occupation  
self physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
10 / 02 / 2009

**Transaction ID: C787790**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard Cressey

Mailing Address 18 Summer St Apt 4  
Apt 4

City State Zip Code  
Andover MA 01810-3687

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

Name of Employer Lawrence Genl Hosp Occupation  
Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2009

**Transaction ID: C792238**

Amount of Each Receipt this Period  
1000.00

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 476

(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)

Pascal George Crosley

Mailing Address 2701 N Decatur Rd

City State Zip Code  
Decatur GA 30033-5918

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

Name of Employer Occupation  
DeKalb Med Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
07 30 2009

Transaction ID: C761815

Amount of Each Receipt this Period

367.64

**B.**

Full Name (Last, First, Middle Initial)

Pascal George Crosley

Mailing Address 2701 N Decatur Rd

City State Zip Code  
Decatur GA 30033-5918

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

Name of Employer Occupation  
DeKalb Med Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
11 18 2009

Transaction ID: C807249

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A A Cruz

Mailing Address 5225 W Ancient Oak Dr

City State Zip Code  
Peoria IL 61615-2248

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

Name of Employer Occupation  
St Francis Med Ctr ED Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 17 2009

Transaction ID: C768698

Amount of Each Receipt this Period

200.00

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

663.64

**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 / 476

(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)  
Michael A A Cruz

Mailing Address 5225 W Ancient Oak Dr

City Peoria State IL Zip Code 61615-2248

FEC ID number of contributing federal political committee. C

Name of Employer St Francis Med Ctr ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2009

**Transaction ID:** C810259

Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Daniel E 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 ▼ 463.65

Date of Receipt 07 / 30 / 2009

**Transaction ID:** C761825

Amount of Each Receipt this Period 367.65

**C.** Full Name (Last, First, Middle Initial)  
Daniel E 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 ▼ 463.65

Date of Receipt 11 / 18 / 2009

**Transaction ID:** C807345

Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... 513.65

**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 / 476

(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)

Michelle M M Curry

Mailing Address 106 Creekside Ct

City State Zip Code  
Greenwood SC 29649-9540

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

Name of Employer Occupation  
Self Reg Hlth Care Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2009

Transaction ID: C750678

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Wesley A A Curry

Mailing Address 1082 Richmond Dr

City State Zip Code  
Claremont CA 91711-3350

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

Name of Employer Occupation  
Pomona Valley Hosp Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761869

Amount of Each Receipt this Period

367.65

**C.**

Full Name (Last, First, Middle Initial)

Wesley A A Curry

Mailing Address 1082 Richmond Dr

City State Zip Code  
Claremont CA 91711-3350

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

Name of Employer Occupation  
Pomona Valley Hosp Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2009

Transaction ID: C807090

Amount of Each Receipt this Period

96.00

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

713.65

**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 / 476

(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)

James Michael Michael Cusick

Mailing Address 10309 E Lake Dr

City State Zip Code  
Englewood CO 80111-5499

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

Name of Employer Occupation  
Natl Med Dir AMR Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2009

Transaction ID: C778494

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City State Zip Code  
Los Ranchos NM 87107-5601

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

Name of Employer Occupation  
Schumacher Group Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1016.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761724

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City State Zip Code  
Los Ranchos NM 87107-5601

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

Name of Employer Occupation  
Schumacher Group Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1016.65

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2009

Transaction ID: C775383

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 83 / 476  
(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)  
Pamela V V Cutler

Mailing Address 6405 Avenida La Cuchilla NW

City State Zip Code  
Los Ranchos NM 87107-5601

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Schumacher Group Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1016.65

Date of Receipt MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787825

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Rachel A A Dahms

Mailing Address 804 Ross Rd

City State Zip Code  
Hudson WI 54016-7655

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Regions Hosp ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt MM / DD / YYYY  
11 / 04 / 2009

**Transaction ID:** C800803

Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
William Colwell Colwell Dalsey

Mailing Address 945 Lenmar Dr

City State Zip Code  
Blue Bell PA 19422-2000

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
07 / 08 / 2009

**Transaction ID:** C747918

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 84 / 476  
(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)  
William Colwell Colwell Dalsey

Mailing Address 945 Lenmar Dr

City State Zip Code  
Blue Bell PA 19422-2000

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

Name of Employer Occupation  
Emer Med Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 21 / 2009

**Transaction ID:** C794393

Amount of Each Receipt this Period  
200.00

**B.** Full Name (Last, First, Middle Initial)  
Eric J J Daniel

Mailing Address 6134 Goliad Ave

City State Zip Code  
Dallas TX 75214-3630

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

Name of Employer Occupation  
EmCare Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2009

**Transaction ID:** C768702

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew James James Danigelis

Mailing Address 89677 Sutton Lake Rd

City State Zip Code  
Florence OR 97439-8629

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

Name of Employer Occupation  
Peace Harbor Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

**Transaction ID:** C759984

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 85 / 476  
(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)  
Joseph R R Danna  
Mailing Address 555 W Court St # 410

City State Zip Code  
Kankakee IL 60901-3675

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

Name of Employer Occupation  
St Marys Hosp Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

**Transaction ID:** C761240

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Edward Edward Davis  
Mailing Address 444 Dillon Cir NE

City State Zip Code  
N Canton OH 44720-7863

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

Name of Employer Occupation  
Canton Aultman Emer Phys Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
07 / 02 / 2009

**Transaction ID:** C746970

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Monica Rodriguez De Jesus  
Mailing Address 381 Ave Dona Felisa Rincon De  
San Juan, PR 00926-6656

City State Zip Code  
San Juan PR 00926-6656

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

Name of Employer Occupation  
Univ of Puerto Rico Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
12 / 30 / 2009

**Transaction ID:** C848250

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 86 / 476

(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)  
Kory V V Deason

Mailing Address 4115 Breakwater Dr

City State Zip Code  
Okemos MI 48864-4413

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

Name of Employer Occupation  
Hayes Green Beach Mem Hosp Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2009

Transaction ID: C749610

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth L L DeHart

Mailing Address Carolina Health Specialists  
4615 Oleander Dr #201A

City State Zip Code  
Myrtle Bch SC 29577-5741

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

Name of Employer Occupation  
Carolina Health Special- Emergency Physician  
ists

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 17 / 2009

Transaction ID: C754966

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen J J DeHorn

Mailing Address 750 Laprairie

City State Zip Code  
Ferndale MI 48220-3215

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

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
10 / 06 / 2009

Transaction ID: C789468

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 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Matthew Deibel		Date of Receipt MM / DD / YYYY 10 / 21 / 2009		
	Mailing Address 4090 Morningside Ln		<b>Transaction ID:</b> C794387		
	City Saginaw	State MI	Zip Code 48603-1185	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Covenant Hlthcre Emer Phys Grp		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gerald Delk		Date of Receipt MM / DD / YYYY 12 / 09 / 2009		
	Mailing Address 3304 Laurel Cir Apt 534		<b>Transaction ID:</b> C814927		
	City Austin	State TX	Zip Code 78731-5721	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emer Services Partners		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Wendy DeMartino		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 7 Charterpoint Rd		<b>Transaction ID:</b> C761752		
	City Watervliet	State NY	Zip Code 12189-1691	Amount of Each Receipt this Period 85.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Albany Memorial Hospital		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 765.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	835.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 476  
(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)  
Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City State Zip Code  
Watervliet NY 12189-1691

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

Name of Employer Albany Memorial Hospital Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID: C773702**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Wendy DeMartino

Mailing Address 7 Charterpoint Rd

City State Zip Code  
Watervliet NY 12189-1691

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

Name of Employer Albany Memorial Hospital Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 765.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID: C785407**

Amount of Each Receipt this Period  
85.00

**C.** Full Name (Last, First, Middle Initial)  
Fred Dennis, MD, MBA, F

Mailing Address 22287 Mullholland Dr Ste 187

City State Zip Code  
Calabasas CA 91302

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

Name of Employer Dr. Fred Dennis Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761731**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **420.00**

**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 89 / 476

(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)  
Fred Dennis, MD, MBA, F

Mailing Address 22287 Mullholland Dr Ste 187

City State Zip Code  
Calabasas CA 91302

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

Name of Employer Occupation  
Dr. Fred Dennis Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1750.00

Date of Receipt

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

Transaction ID: C787821

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Charlotte Derr

Mailing Address 320 W Kennedy Blvd # 700

City State Zip Code  
Tampa FL 33606-1459

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

Name of Employer Occupation  
Emer Assoc for Med Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

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

Transaction ID: C754960

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Charlotte Derr

Mailing Address 320 W Kennedy Blvd # 700

City State Zip Code  
Tampa FL 33606-1459

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

Name of Employer Occupation  
Emer Assoc for Med Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

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

Transaction ID: C766164

Amount of Each Receipt this Period

100.00

**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 90 / 476

(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)

H Scott Derstine

Mailing Address 510 W 4th St

City State Zip Code  
Royal Oak MI 48067-2402

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

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789514

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joe E E Dib

Mailing Address 10 Regent St  
apt #802

City State Zip Code  
Jersey City NJ 07302-7328

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

Name of Employer Occupation  
Emergency Medical Associa- Physician  
tes

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

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

Transaction ID: C787806

Amount of Each Receipt this Period

600.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey W W Dietz

Mailing Address PO Box 5086

City State Zip Code  
Novato CA 94948-5086

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

Name of Employer Occupation  
Dr. Jeffrey W Dietz Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 563.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761812

Amount of Each Receipt this Period

367.65

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

1467.65

**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 / 476  
(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)  
Jeffrey W W Dietz

Mailing Address PO Box 5086

City State Zip Code  
Novato CA 94948-5086

FEC ID number of contributing federal political committee. C

Name of Employer  
Dr. Jeffrey W Dietz

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
563.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807185

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Jack T T Dillon

Mailing Address 511 Orion Pl

City State Zip Code  
Colorado Spgs CO 80906-1061

FEC ID number of contributing federal political committee. C

Name of Employer  
Front Range Emerg Special-ists

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

**Transaction ID:** C749645

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jack T T Dillon

Mailing Address 511 Orion Pl

City State Zip Code  
Colorado Spgs CO 80906-1061

FEC ID number of contributing federal political committee. C

Name of Employer  
Front Range Emerg Special-ists

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
MM / DD / YYYY  
12 / 18 / 2009

**Transaction ID:** C818937

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 446.00

**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 92 / 476

(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)

Jno Jacob Jacob Disch

Mailing Address 3892 Savoy Dr

City State Zip Code  
Fairview Park OH 44126-1766

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

Name of Employer Occupation  
Akron Gen Med Ctr Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 07 / 2009

Transaction ID: C747627

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Tin Minh Do, DO

Mailing Address 392 2nd Ave

City State Zip Code  
San Francisco CA 94118-2414

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

Name of Employer Occupation  
St Marys Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761874

Amount of Each Receipt this Period

367.65

**C.**

Full Name (Last, First, Middle Initial)

Tin Minh Do, DO

Mailing Address 392 2nd Ave

City State Zip Code  
San Francisco CA 94118-2414

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

Name of Employer Occupation  
St Marys Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2009

Transaction ID: C807298

Amount of Each Receipt this Period

96.00

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

963.65

**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 / 476

(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)  
Anonymous Donor

Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. C

Name of Employer FOR EMF DONATIONS ONLY Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 96.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** C791387

Amount of Each Receipt this Period 700.00

**B.** Full Name (Last, First, Middle Initial)  
Anonymous Donor

Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. C

Name of Employer FOR EMF DONATIONS ONLY Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 96.00

Date of Receipt M M / D D / Y Y Y Y  
1 0 / 2 8 / 2 0 0 9

**Transaction ID:** C952830

Amount of Each Receipt this Period -700.00

**C.** Full Name (Last, First, Middle Initial)  
Anonymous Donor

Mailing Address 1125 Executive Cir

City Irving State TX Zip Code 75038-2522

FEC ID number of contributing federal political committee. C

Name of Employer FOR EMF DONATIONS ONLY Occupation Information Requested

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 96.00

Date of Receipt M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** C810254

Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... 96.00

**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 / 476  
(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)  
Robert A A Donovan

Mailing Address 6859 Zerillo Dr

City State Zip Code  
Riverbank CA 95367-2119

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

Name of Employer Occupation  
Doctors Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 346.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807201

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Aziz Doumit

Mailing Address 4006 Hwy D

City State Zip Code  
Defiance MO 63341-1726

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

Name of Employer Occupation  
Hanibal Regional Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2009

**Transaction ID:** C764049

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jennifer Dow, MD, FACEP

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 Occupation  
Alaska Regl Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID:** C802065

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1596.00**

**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 / 476

(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)  
Richard Dow

Mailing Address 1805 Willow Ln

City State Zip Code  
Bronx NY 10461-4617

FEC ID number of contributing federal political committee. C

Name of Employer  
Dr. Richard Dow

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  
10 / 30 / 2009

**Transaction ID:** C798726

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Marc M M Dreier

Mailing Address 295 Richards Rd

City State Zip Code  
Ridgewood NJ 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 ▼  
2600.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 25 / 2009

**Transaction ID:** C783043

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jan Drlik

Mailing Address 2610 Walden Woods Ct

City State Zip Code  
Midland MI 48640-6953

FEC ID number of contributing federal political committee. C

Name of Employer  
EPMG

Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 04 / 2009

**Transaction ID:** C787805

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 96 / 476

(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)  
Reva Dubin

Mailing Address 547 Park Rd

City State Zip Code  
Mays Landing NJ 08330-1917

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

Name of Employer atlantic emergency associ- taes 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  
08 / 18 / 2009

Transaction ID: C768752

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
John Duda

Mailing Address 106 Harbor Dr

City State Zip Code  
Morehead City NC 28557-9649

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

Name of Employer Dr. John Duda 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  
10 / 24 / 2009

Transaction ID: C796670

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Lane Lane Dyess

Mailing Address 914 Inwood Ter

City State Zip Code  
Jacksonville FL 32207-4251

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

Name of Employer Emer Med Spec 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  
12 / 09 / 2009

Transaction ID: C814913

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 97 / 476

(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)  
Barbara Sarah Sarah Echo

Mailing Address 215 E Meadowlane Rd

City State Zip Code  
Spokane WA 99224-9213

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

Name of Employer Occupation  
Spokane Emergency Physi- Emergency Physician  
cians

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: C766221

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Simon R R Edginton

Mailing Address 1435 Caladesi Dr

City State Zip Code  
Wesley Chapel FL 33544-6663

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

Name of Employer Occupation  
Dr. Simon R Edginton Emergency Physician

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

Date of Receipt

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

Transaction ID: C750691

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Irv E Edwards, MD, FACEP

Mailing Address 111 N Sepulveda Ste 210  
Ste 210

City State Zip Code  
Manhattan Bch CA 90266-6849

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

Name of Employer Occupation  
Chino Valley Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 4500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761766

Amount of Each Receipt this Period  
1500.00

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 98 / 476  
(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)  
L Dean Egbert

Mailing Address 121 West Lake View Way

City State Zip Code  
Woodland Hills UT 84653-2031

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

Name of Employer Occupation  
Mountain View Hospital Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 16 / 2009

**Transaction ID:** C818250

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Erik Egsieker

Mailing Address 12782 SE Wellington Ct

City State Zip Code  
Happy Valley OR 97086-6356

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

Name of Employer Occupation  
Dr. Erik Egsieker Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 663.64

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761830

Amount of Each Receipt this Period  
367.64

**C.**

Full Name (Last, First, Middle Initial)  
Erik Egsieker

Mailing Address 12782 SE Wellington Ct

City State Zip Code  
Happy Valley OR 97086-6356

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

Name of Employer Occupation  
Dr. Erik Egsieker Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 663.64

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787863

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **967.64**

**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 99 / 476  
(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) Erik Egsieker		Date of Receipt MM / DD / YYYY 11 / 18 / 2009
Mailing Address 12782 SE Wellington Ct		<b>Transaction ID:</b> C815106
City Happy Valley	State OR	Zip Code 97086-6356
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer Dr. Erik Egsieker	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 663.64	

**B.**

Full Name (Last, First, Middle Initial) Laura Stone Stone Ellis		Date of Receipt MM / DD / YYYY 07 / 14 / 2009
Mailing Address 113 Cassina Dr		<b>Transaction ID:</b> C750698
City Middletown	State DE	Zip Code 19709-9184
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Union Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Richard S S Elman		Date of Receipt MM / DD / YYYY 09 / 19 / 2009
Mailing Address 6191 Senate Cir		<b>Transaction ID:</b> C780437
City East Amherst	State NY	Zip Code 14051-1979
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Buffalo Mercy Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>596.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 100 / 476  
(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)  
Richard S S Elman  
Mailing Address 6191 Senate Cir  
City East Amherst State NY Zip Code 14051-1979  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Buffalo Mercy Hosp ED Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 11 / 03 / 2009  
Transaction ID: C800600  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey S Engel  
Mailing Address 528 North Blvd  
City Huntington State WV Zip Code 25701-3231  
FEC ID number of contributing federal political committee. **C**  
Name of Employer St Claire Reg Med Ctr Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 07 / 24 / 2009  
Transaction ID: C760168  
Amount of Each Receipt this Period 3000.00

**C.** Full Name (Last, First, Middle Initial)  
David M M Englander  
Mailing Address 311 S Broadway Apt B Apt B  
City Redondo Bch State CA Zip Code 90277-3758  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dr. David M Englander Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 346.00  
Date of Receipt 11 / 18 / 2009  
Transaction ID: C807284  
Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3196.00  
**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 101 / 476  
(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)  
Rachel A A English

Mailing Address 1825 N. 74th St

City State Zip Code  
Wauwatosa WI 53213-2219

FEC ID number of contributing federal political committee. C

Name of Employer  
Emergency Medicine Specialists

Occupation  
ER MD

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M / D D / Y Y Y Y  
10 / 13 / 2009

**Transaction ID:** C791369

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City State Zip Code  
Concord NC 28027-8803

FEC ID number of contributing federal political committee. C

Name of Employer  
MidAtlantic Emer Med Assoc

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** C787035

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City State Zip Code  
Concord NC 28027-8803

FEC ID number of contributing federal political committee. C

Name of Employer  
MidAtlantic Emer Med Assoc

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 30 / 2009

**Transaction ID:** C787051

Amount of Each Receipt this Period  
17.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">334.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

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

FOR LINE NUMBER: PAGE 102 / 476  
(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)  
Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City Concord State NC Zip Code 28027-8803

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

Name of Employer MidAtlantic Emer Med Assoc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 09 / 30 / 2009  
Transaction ID: C787087  
Amount of Each Receipt this Period 17.00

**B.** Full Name (Last, First, Middle Initial)  
Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City Concord State NC Zip Code 28027-8803

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

Name of Employer MidAtlantic Emer Med Assoc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: C848265  
Amount of Each Receipt this Period 17.00

**C.** Full Name (Last, First, Middle Initial)  
Celia B B Entwistle

Mailing Address 1364 Braeburn Rd NW

City Concord State NC Zip Code 28027-8803

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

Name of Employer MidAtlantic Emer Med Assoc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt 12 / 31 / 2009  
Transaction ID: C848267  
Amount of Each Receipt this Period 17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.00

**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 103 / 476  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Celia B B Entwistle</p> <p>Mailing Address 1364 Braeburn Rd NW</p> <p>City State Zip Code Concord NC 28027-8803</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation MidAtlantic Emer Med Assoc Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">204.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 12 / 31 / 2009</p> <p><b>Transaction ID:</b> C848268</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">17.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Clifford Erickson</p> <p>Mailing Address 31 Forest Dr</p> <p>City State Zip Code Voorheesville NY 12186-9530</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Dr. Clifford Erickson Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1014.99</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 07 / 30 / 2009</p> <p><b>Transaction ID:</b> C761719</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">85.00</span></p>
---	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Clifford Erickson</p> <p>Mailing Address 31 Forest Dr</p> <p>City State Zip Code Voorheesville NY 12186-9530</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation Dr. Clifford Erickson Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1014.99</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 08 / 28 / 2009</p> <p><b>Transaction ID:</b> C773704</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">85.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">187.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 104 / 476  
(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)  
Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code  
Voorheesville NY 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID: C785405**

Amount of Each Receipt this Period  
85.00

**B.** Full Name (Last, First, Middle Initial)  
Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code  
Voorheesville NY 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 08 / 2009

**Transaction ID: C790793**

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code  
Voorheesville NY 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.99

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 30 / 2009

**Transaction ID: C810238**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **251.66**

**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 105 / 476  
(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)  
Clifford Erickson

Mailing Address 31 Forest Dr

City Voorheesville State NY Zip Code 12186-9530

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

Name of Employer Dr. Clifford Erickson Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1014.99

Date of Receipt MM / DD / YYYY 12 / 31 / 2009

**Transaction ID:** C839115

Amount of Each Receipt this Period 83.33

**B.** Full Name (Last, First, Middle Initial)  
Barnet Eskin

Mailing Address 10 Undercliff Terrace West Orange

City NJ State NJ Zip Code 07052-3930

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

Name of Employer Emergency Medical Associates Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY 07 / 04 / 2009

**Transaction ID:** C747010

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Barnet Eskin

Mailing Address 10 Undercliff Terrace West Orange

City NJ State NJ Zip Code 07052-3930

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

Name of Employer Emergency Medical Associates Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt MM / DD / YYYY 07 / 21 / 2009

**Transaction ID:** C759419

Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **783.33**

**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 106 / 476  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael D D Estep

Mailing Address PO Box 611441

City Pompano Bch      State FL      Zip Code 33061-1441

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

Name of Employer Imperial Point Med Ctr      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 09 / 2009  
**Transaction ID: C749632**  
Amount of Each Receipt this Period 150.00

**B.** Full Name (Last, First, Middle Initial)  
Michael D D Estep

Mailing Address PO Box 611441

City Pompano Bch      State FL      Zip Code 33061-1441

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

Name of Employer Imperial Point Med Ctr      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 28 / 2009  
**Transaction ID: C797465**  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew H H Evenhouse

Mailing Address 28917 Northfield Rd

City Bay Village      State OH      Zip Code 44140-1331

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

Name of Employer Dr. Matthew H Evenhouse      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787004**  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 107 / 476  
(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)  
Elizabeth L L Fagan

Mailing Address 760 Stinson Rd

City Lucas State TX Zip Code 75002-7312

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

Name of Employer Richardson Regl Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 07 / 2009  
Transaction ID: C790115  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth L L Fagan

Mailing Address 760 Stinson Rd

City Lucas State TX Zip Code 75002-7312

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

Name of Employer Richardson Regl Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 11 / 30 / 2009  
Transaction ID: C810232  
Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Angelo L L Falcone

Mailing Address Montgomery Emer Phys  
20251 Century Blvd Ste 130

City Germantown State MD Zip Code 20874-1199

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

Name of Employer Montgomery Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 07 / 23 / 2009  
Transaction ID: C760124  
Amount of Each Receipt this Period 2000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 / 476  
(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)  
Joseph S S Fastow

Mailing Address 7900 Wisconsin Avenue  
#406

City State Zip Code  
Bethesda MD 20814-3634

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

Name of Employer Self Occupation 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  
09 / 30 / 2009

**Transaction ID:** C785859

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Eric James James Feese

Mailing Address 179 Ambleside Ct

City State Zip Code  
Port Matilda PA 16870-7144

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

Name of Employer Centre Emerg Med 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 Y  
07 / 24 / 2009

**Transaction ID:** C760986

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Joshua Feinstein

Mailing Address 1720 Post Office St

City State Zip Code  
Galveston TX 77550-4816

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

Name of Employer UTMB 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  
10 / 30 / 2009

**Transaction ID:** C798732

Amount of Each Receipt this Period  
250.00

**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 109 / 476  
(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)  
James A A Feldman  
Mailing Address 8 Sage Ln  
City Framingham State MA Zip Code 01701-3880  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Boston Med Ctr ED Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00  
Date of Receipt MM / DD / YYYY 10 / 03 / 2009  
Transaction ID: C802076  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
James E E Ferguson  
Mailing Address 3127 Waters Lake Bend  
City Missouri City State TX Zip Code 77459-6647  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dr. James E Ferguson Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt MM / DD / YYYY 07 / 01 / 2009  
Transaction ID: C746788  
Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey D D Ferguson  
Mailing Address 834 Chesapeake PI  
City Greenville State NC Zip Code 27858-6239  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dr. Jeffrey D Ferguson Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt MM / DD / YYYY 07 / 28 / 2009  
Transaction ID: C761248  
Amount of Each Receipt this Period 250.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 110 / 476  
(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)  
Wesley Fields, III, MD, ,

Mailing Address 23913 Catamaran Way

City Laguna Niguel State CA Zip Code 92677-4213

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 ▼ 463.65

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761848  
Amount of Each Receipt this Period 367.65

**B.** Full Name (Last, First, Middle Initial)  
Wesley Fields, III, MD, ,

Mailing Address 23913 Catamaran Way

City Laguna Niguel State CA Zip Code 92677-4213

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 ▼ 463.65

Date of Receipt 11 / 18 / 2009  
Transaction ID: C807339  
Amount of Each Receipt this Period 96.00

**C.** Full Name (Last, First, Middle Initial)  
Frederick W W Fiessler

Mailing Address 36 N Mt Lebanon Rd

City Ion VALley State NJ Zip Code 07853

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

Name of Employer EMA Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt 10 / 12 / 2009  
Transaction ID: C791204  
Amount of Each Receipt this Period 600.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1063.65

**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 111 / 476  
(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)  
Gary Figge  
 Mailing Address 8039 N Tuscany Dr  
 City Tucson State AZ Zip Code 85742-4348  
 Date of Receipt 07 / 22 / 2009  
**Transaction ID: C759993**  
 Amount of Each Receipt this Period 250.00  
 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 350.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Figge  
 Mailing Address 8039 N Tuscany Dr  
 City Tucson State AZ Zip Code 85742-4348  
 Date of Receipt 11 / 20 / 2009  
**Transaction ID: C808419**  
 Amount of Each Receipt this Period 100.00  
 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 350.00

**C.** Full Name (Last, First, Middle Initial)  
Glenn D Fink  
 Mailing Address 1241 Garden St.  
 City Hoboken State NJ Zip Code 07030-4405  
 Date of Receipt 09 / 30 / 2009  
**Transaction ID: C786995**  
 Amount of Each Receipt this Period 500.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EMA Occupation MD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 500.00

**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 112 / 476  
(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)

William Francis Francis Finn, Jr

Mailing Address 401 Phillips Rd

City State Zip Code  
Greer SC 29650-2959

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

Name of Employer Occupation  
Greenville Hosp 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  
07 / 22 / 2009

Transaction ID: C759991

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer Occupation  
Greater Houston Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 29 / 2009

Transaction ID: C785517

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer Occupation  
Greater Houston Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 13 / 2009

Transaction ID: C791378

Amount of Each Receipt this Period  
25.00

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

375.00

**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 113 / 476  
(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)  
Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer Occupation  
Greater Houston Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

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

Transaction ID: C798588

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer Occupation  
Greater Houston Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810224

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City State Zip Code  
The Woodlands TX 77382-2078

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

Name of Employer Occupation  
Greater Houston Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 425.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839091

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 114 / 476  
(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)  
Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1183.33

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761732

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1183.33

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773677

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1183.33

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785412

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 115 / 476  
(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)  
Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1183.33

Date of Receipt

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

Transaction ID: C798603

Amount of Each Receipt this Period

100.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Diana L L Fite

Mailing Address 15806 Maple Falls Ct

City State Zip Code  
Tomball TX 77377-8762

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

Name of Employer Occupation  
Meth Willowbrook Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1183.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C839118

Amount of Each Receipt this Period

83.33
-------

**C.**

Full Name (Last, First, Middle Initial)  
Jere J J Fitts

Mailing Address 1170 6th Ave Apt 9A

City State Zip Code  
Vero Beach FL 32960-7020

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

Name of Employer Occupation  
Jacksonville Naval Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7		3	0		2	0	0	9

Transaction ID: C761780

Amount of Each Receipt this Period

300.00
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**SUBTOTAL** of Receipts This Page (optional) .....

483.33
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 116 / 476  
(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)  
Jere J J Fitts

Mailing Address 1170 6th Ave Apt 9A

City State Zip Code  
Vero Beach FL 32960-7020

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Jacksonville Naval Hosp 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 1 / 2 0 0 9

**Transaction ID:** C787708

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Covenant Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.32

Date of Receipt M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

**Transaction ID:** C761730

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City State Zip Code  
Lubbock TX 79424-0814

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Covenant Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.32

Date of Receipt M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 9

**Transaction ID:** C773671

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 117 / 476  
(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)  
Juan Francisco 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 Grp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID: C785409**

Amount of Each Receipt this Period  
83.37

**B.**

Full Name (Last, First, Middle Initial)  
Juan Francisco 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 Grp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
10 / 04 / 2009

**Transaction ID: C787880**

Amount of Each Receipt this Period  
91.66

**C.**

Full Name (Last, First, Middle Initial)  
Juan Francisco 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 Grp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.32

Date of Receipt  
M M / D D / Y Y Y Y Y  
11 / 30 / 2009

**Transaction ID: C810220**

Amount of Each Receipt this Period  
91.66

**SUBTOTAL** of Receipts This Page (optional) ..... ► 266.69

**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 / 476  
(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)  
Juan Francisco 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 Grp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1108.32

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C839106**

Amount of Each Receipt this Period  
91.66

**B.**

Full Name (Last, First, Middle Initial)  
Sidney M 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787020**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Sidney M 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 ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787041**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.66**

**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 119 / 476  
(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)  
Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City State Zip Code  
Charlotte NC 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 ▼  
204.00

Date of Receipt: 09 / 30 / 2009  
Transaction ID: C787073  
Amount of Each Receipt this Period: 17.00

**B.**

Full Name (Last, First, Middle Initial)  
Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City State Zip Code  
Charlotte NC 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 ▼  
204.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C848342  
Amount of Each Receipt this Period: 17.00

**C.**

Full Name (Last, First, Middle Initial)  
Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City State Zip Code  
Charlotte NC 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 ▼  
204.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C848343  
Amount of Each Receipt this Period: 17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.00**

**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 / 476  
(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)  
Sidney M M Fletcher

Mailing Address 2148 Selwyn Ave

City State Zip Code  
Charlotte NC 28207-2454

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

Name of Employer Occupation  
Mid Atlantic Emer Med Ass- Emergency Physician  
oc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848344

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Kelly Foley, MD, FACEP

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 Occupation  
Emer Phys of Tidewater Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761748

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly Foley, MD, FACEP

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 Occupation  
Emer Phys of Tidewater Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1075.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802023

Amount of Each Receipt this Period  
125.00

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

242.00

**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 121 / 476  
(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)  
Kelly Foley, MD, FACEP

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 Occupation  
Emer Phys of Tidewater Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** C810242

Amount of Each Receipt this Period  
125.00

**B.** Full Name (Last, First, Middle Initial)  
Kelly Foley, MD, FACEP

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 Occupation  
Emer Phys of Tidewater Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1075.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839131

Amount of Each Receipt this Period  
125.00

**C.** Full Name (Last, First, Middle Initial)  
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code  
Mooreville NC 28117-9062

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

Name of Employer Occupation  
Dr. Steven Gerald Folstad Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** C787022

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **267.00**

**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 / 476  
(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)  
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code  
Mooreville NC 28117-9062

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

Name of Employer  
Dr. Steven Gerald Folstad

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787040**

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code  
Mooreville NC 28117-9062

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

Name of Employer  
Dr. Steven Gerald Folstad

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787074**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code  
Mooreville NC 28117-9062

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

Name of Employer  
Dr. Steven Gerald Folstad

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848351**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.00**

**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 123 / 476  
(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)  
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code  
Mooreville NC 28117-9062

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

Name of Employer Occupation  
Dr. Steven Gerald Folstad Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848352**

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven Gerald Gerald Folstad

Mailing Address 131 Sanibel Ln

City State Zip Code  
Mooreville NC 28117-9062

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

Name of Employer Occupation  
Dr. Steven Gerald Folstad Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848353**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Marsha D D Ford

Mailing Address Carolinas Med Ctr ED  
PO Box 32861

City State Zip Code  
Charlotte NC 28232-2861

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

Name of Employer Occupation  
Carolinas Med Ctr ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761722**

Amount of Each Receipt this Period  
42.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **76.00**

**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 124 / 476

(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)  
Marsha D D Ford

Mailing Address Carolinas Med Ctr ED  
PO Box 32861

City State Zip Code  
Charlotte NC 28232-2861

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

Name of Employer Occupation  
Carolinas Med Ctr ED Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
504.00

Date of Receipt

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

Transaction ID: C773697

Amount of Each Receipt this Period

42.00

**B.**

Full Name (Last, First, Middle Initial)  
Marsha D D Ford

Mailing Address Carolinas Med Ctr ED  
PO Box 32861

City State Zip Code  
Charlotte NC 28232-2861

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

Name of Employer Occupation  
Carolinas Med Ctr ED Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
504.00

Date of Receipt

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

Transaction ID: C785413

Amount of Each Receipt this Period

42.00

**C.**

Full Name (Last, First, Middle Initial)  
Marsha D D Ford

Mailing Address Carolinas Med Ctr ED  
PO Box 32861

City State Zip Code  
Charlotte NC 28232-2861

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

Name of Employer Occupation  
Carolinas Med Ctr ED Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
504.00

Date of Receipt

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

Transaction ID: C787866

Amount of Each Receipt this Period

42.00

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

126.00

**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 / 476  
(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)  
Marsha D D Ford

Mailing Address Carolinas Med Ctr ED  
PO Box 32861

City Charlotte State NC Zip Code 28232-2861

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 ▼ 504.00

Date of Receipt: 12 / 23 / 2009  
Transaction ID: C820025  
Amount of Each Receipt this Period: 42.00

**B.** Full Name (Last, First, Middle Initial)  
Marsha D D Ford

Mailing Address Carolinas Med Ctr ED  
PO Box 32861

City Charlotte State NC Zip Code 28232-2861

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 ▼ 504.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C839125  
Amount of Each Receipt this Period: 42.00

**C.** Full Name (Last, First, Middle Initial)  
Dan E E Fox

Mailing Address 108 Corral Cir

City San Ramon State CA Zip Code 94583-2443

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 ▼ 463.65

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761851  
Amount of Each Receipt this Period: 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 451.65

**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 / 476  
(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)  
Dan E E Fox

Mailing Address 108 Corral Cir

City San Ramon State CA Zip Code 94583-2443

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 ▼ 463.65

Date of Receipt 11 / 18 / 2009  
Transaction ID: C807209  
Amount of Each Receipt this Period 96.00

**B.** Full Name (Last, First, Middle Initial)  
Wade Curtis Curtis Fox

Mailing Address 379 Osage Dr

City Roseburg State OR Zip Code 97471-9553

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

Name of Employer Mercy Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761813  
Amount of Each Receipt this Period 367.64

**C.** Full Name (Last, First, Middle Initial)  
Wade Curtis Curtis Fox

Mailing Address 379 Osage Dr

City Roseburg State OR Zip Code 97471-9553

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

Name of Employer Mercy Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt 11 / 18 / 2009  
Transaction ID: C807232  
Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 559.64

**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 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Leonard S S Franco

Mailing Address 621 N Forest Rd

City State Zip Code  
Williamsville NY 14221-4964

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

Name of Employer Occupation  
Niagara Falls Mem Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2009

Transaction ID: C761350

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Michelle F Frangos

Mailing Address 1498 Alexandria Pkwy SE

City State Zip Code  
North Canton OH 44709

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

Name of Employer Occupation  
Stark County Emergency Ph-ysicians Emergency Medicine Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
09 / 17 / 2009

Transaction ID: C780233

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Michelle F Frangos

Mailing Address 1498 Alexandria Pkwy SE

City State Zip Code  
North Canton OH 44709

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

Name of Employer Occupation  
Stark County Emergency Ph-ysicians Emergency Medicine Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

Transaction ID: C803433

Amount of Each Receipt this Period  
-1000.00

**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 128 / 476  
(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)  
John C 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 ▼ 463.65

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761876  
Amount of Each Receipt this Period 367.65

**B.** Full Name (Last, First, Middle Initial)  
John C 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 ▼ 463.65

Date of Receipt 11 / 18 / 2009  
Transaction ID: C807357  
Amount of Each Receipt this Period 96.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher F F Freer

Mailing Address 502 Alden Ave

City Westfield State NJ Zip Code 07090-3041

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

Name of Employer St Barnabas Medical Center Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 28 / 2009  
Transaction ID: C773727  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1463.65

**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 / 476

(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)

John T Friedman

Mailing Address 8615 Canterbury Dr

City State Zip Code  
Annandale VA 22003-4327

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

Name of Employer Occupation  
Mr. John T Friedman Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 367.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761808

Amount of Each Receipt this Period

367.65

**B.**

Full Name (Last, First, Middle Initial)

Vidor E E Friedman

Mailing Address 13061 Water Pt Blvd

City State Zip Code  
Windermere FL 34786-5818

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

Name of Employer Occupation  
FL Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 5000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 03 / 2009

Transaction ID: C802080

Amount of Each Receipt this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph P P Funk

Mailing Address 4318 Granby Way

City State Zip Code  
Marietta GA 30062-8150

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

Name of Employer Occupation  
Dr. Joseph P Funk Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
11 / 20 / 2009

Transaction ID: C808423

Amount of Each Receipt this Period

500.00

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

4867.65

**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 / 476

(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)  
Kathleen G G Funk

Mailing Address 4318 Granby Way

City State Zip Code  
Marietta GA 30062-8150

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

Name of Employer Occupation  
Dr. Kathleen G Funk 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 0 / 2 0 0 9

Transaction ID: C808424

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard Luis Luis Garcia

Mailing Address 528 Coolidge Dr

City State Zip Code  
San Gabriel CA 91775-2212

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

Name of Employer Occupation  
Beverly Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 0 3 / 2 0 0 9

Transaction ID: C776658

Amount of Each Receipt this Period

367.64

**C.**

Full Name (Last, First, Middle Initial)  
Richard Luis Luis Garcia

Mailing Address 528 Coolidge Dr

City State Zip Code  
San Gabriel CA 91775-2212

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

Name of Employer Occupation  
Beverly Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.64

Date of Receipt

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

Transaction ID: C807199

Amount of Each Receipt this Period

96.00

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

963.64

**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 / 476  
(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)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City State Zip Code  
Grapevine TX 76051-7100

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

Name of Employer Occupation  
UTMB Univ of TX Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 6375.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761726

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City State Zip Code  
Grapevine TX 76051-7100

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

Name of Employer Occupation  
UTMB Univ of TX Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 6375.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773701

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City State Zip Code  
Grapevine TX 76051-7100

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

Name of Employer Occupation  
UTMB Univ of TX Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 6375.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785411

Amount of Each Receipt this Period

125.00

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

375.00

**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 / 476

(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)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City	State	Zip Code
Grapevine	TX	76051-7100

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

Name of Employer UTMB Univ of TX	Occupation Emergency Physician
-------------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6375.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: C790768

Amount of Each Receipt this Period  
5000.00

B.

Full Name (Last, First, Middle Initial)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City	State	Zip Code
Grapevine	TX	76051-7100

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

Name of Employer UTMB Univ of TX	Occupation Emergency Physician
-------------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6375.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: C798606

Amount of Each Receipt this Period  
125.00

C.

Full Name (Last, First, Middle Initial)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City	State	Zip Code
Grapevine	TX	76051-7100

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

Name of Employer UTMB Univ of TX	Occupation Emergency Physician
-------------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 6375.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810228

Amount of Each Receipt this Period  
125.00

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

5250.00

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 133 / 476  
(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)  
Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City State Zip Code  
Grapevine TX 76051-7100

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

Name of Employer Occupation  
UTMB Univ of TX Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 6375.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C839119**

Amount of Each Receipt this Period  
125.00

**B.**

Full Name (Last, First, Middle Initial)  
Ann Marie Marie Garritano

Mailing Address 19001 Audette St.

City State Zip Code  
Dearborn MI 48124

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

Name of Employer Occupation  
MCES physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 29 / 2009

**Transaction ID: C773733**

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Marianne Gausche-Hill

Mailing Address 1931 Power St

City State Zip Code  
Hermosa Bch CA 90254-2915

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

Name of Employer Occupation  
Harbor UCLA Med Ctr ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID: C766208**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1375.00**

**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 134 / 476  
(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)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City State Zip Code  
Hermosa Bch CA 90254-2915

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

Name of Employer Harbor UCLA Med Ctr ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt

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

Transaction ID: C798598

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City State Zip Code  
Hermosa Bch CA 90254-2915

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

Name of Employer Harbor UCLA Med Ctr ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 0 3 / 2 0 0 9

Transaction ID: C800598

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City State Zip Code  
Randolph NJ 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 ▼ 1500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761771

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 135 / 476  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Michael Joseph 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 ▼ 1500.00

Date of Receipt: 09 / 28 / 2009  
Transaction ID: C785415  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Joseph 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 ▼ 1500.00

Date of Receipt: 10 / 30 / 2009  
Transaction ID: C798738  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Joseph 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 ▼ 1500.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C839120  
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 136 / 476

(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)  
Mark Gersten

Mailing Address 999 Traci Lane

City State Zip Code  
Copley OH 44321

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

Name of Employer Occupation  
Stark County Emergency Physicians, Inc. Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2009

Transaction ID: C770208

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Nizar M M Ghuneim

Mailing Address 606 Whipoorwill Ln

City State Zip Code  
Concord NC 28025-9174

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

Name of Employer Occupation  
Mid-Atlantic Emergency Medical Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787019

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Nizar M M Ghuneim

Mailing Address 606 Whipoorwill Ln

City State Zip Code  
Concord NC 28025-9174

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

Name of Employer Occupation  
Mid-Atlantic Emergency Medical Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787056

Amount of Each Receipt this Period  
17.00

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

1034.00

**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 / 476  
(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)  
Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City Concord State NC Zip Code 28025-9174

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

Name of Employer: Mid-Atlantic Emergency Medical  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787089**

Amount of Each Receipt this Period: 17.00

**B.**

Full Name (Last, First, Middle Initial)  
Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City Concord State NC Zip Code 28025-9174

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

Name of Employer: Mid-Atlantic Emergency Medical  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848320**

Amount of Each Receipt this Period: 17.00

**C.**

Full Name (Last, First, Middle Initial)  
Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City Concord State NC Zip Code 28025-9174

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

Name of Employer: Mid-Atlantic Emergency Medical  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848321**

Amount of Each Receipt this Period: 17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.00

**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 / 476  
(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)  
Nizar M M Ghuneim

Mailing Address 606 Whippoorwill Ln

City Concord State NC Zip Code 28025-9174

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

Name of Employer: Mid-Atlantic Emergency Medical  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848322**  
Amount of Each Receipt this Period: 17.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Alfred 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: 10 / 06 / 2009  
**Transaction ID: C789507**  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Anthony Giles

Mailing Address 68 Tuxedo Rd

City Montclair State NJ Zip Code 07109-3550

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

Name of Employer: EMA  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 31 / 2009  
**Transaction ID: C775342**  
Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1517.00

**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 / 476  
(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)  
Michael James James Gillogley

Mailing Address 6225 Northpoint Way

City State Zip Code  
Sacramento CA 95831-1063

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

Name of Employer Occupation  
Mercy Genl Hosp ER Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** C770769

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Alan H H Gladman

Mailing Address 1720 Middlefield Rd

City State Zip Code  
Palo Alto CA 94301-3821

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

Name of Employer Occupation  
El Camino Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 321.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** C769308

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Alan H H Gladman

Mailing Address 1720 Middlefield Rd

City State Zip Code  
Palo Alto CA 94301-3821

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

Name of Employer Occupation  
El Camino Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 321.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807349

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 296.00

**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 / 476  
(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)  
Steven Paul Paul Gohsler

Mailing Address 6 Byram Ct

City State Zip Code  
Mendham NJ 07945-2932

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

Name of Employer Occupation  
Morristown Memorial Hosp 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 / 0 6 / 2 0 0 9

Transaction ID: C789532

Amount of Each Receipt this Period  
700.00

**B.**

Full Name (Last, First, Middle Initial)  
David Goldschmid

Mailing Address 3884 Harvest Dr

City State Zip Code  
Redwood City CA 94061-1143

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

Name of Employer Occupation  
Seton Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761810

Amount of Each Receipt this Period  
367.65

**C.**

Full Name (Last, First, Middle Initial)  
David Goldschmid

Mailing Address 3884 Harvest Dr

City State Zip Code  
Redwood City CA 94061-1143

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

Name of Employer Occupation  
Seton Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

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

Transaction ID: C807200

Amount of Each Receipt this Period  
96.00

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

1163.65

**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 / 476  
(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)  
William E E Gotthold

Mailing Address 409 Lower Sunnyslope Rd

City State Zip Code  
Wenatchee WA 98801-9619

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

Name of Employer Occupation  
Wenatchee Valley Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** C811636

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Mylissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761734

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Mylissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID:** C773703

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 142 / 476  
(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)  
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785410

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787877

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 33446-4403

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

Name of Employer Occupation  
Coral Springs Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2009

**Transaction ID:** C798589

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 143 / 476

(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)  
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 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 ▼ 1100.00

Date of Receipt MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** C810231

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Myliissa Amy Amy Graber

Mailing Address 7809 Trieste PI

City State Zip Code  
Delray Bch FL 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 ▼ 1100.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839090

Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter J J Grabowski

Mailing Address 62 Fayette St Apt 1

City State Zip Code  
Cambridge MA 02139-1112

FEC ID number of contributing federal political committee. C

Name of Employer: Brockton Hosp      Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
08 / 21 / 2009

**Transaction ID:** C769998

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 144 / 476  
(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)  
Jonathan D Graham

Mailing Address 7718 Canal Rd NE

City State Zip Code  
Dover OH 44622

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

Name of Employer Occupation  
SCEP Emergency room Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
09 / 18 / 2009

**Transaction ID:** C780376

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jonathan D Graham

Mailing Address 7718 Canal Rd NE

City State Zip Code  
Dover OH 44622

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

Name of Employer Occupation  
SCEP Emergency room Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C803438

Amount of Each Receipt this Period  
-1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald Eugene Eugene Graham

Mailing Address 2104 Pell St

City State Zip Code  
Scottsboro AL 35769-3940

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

Name of Employer Occupation  
Dr. Ronald Eugene Graham Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2009

**Transaction ID:** C761152

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 145 / 476  
(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)  
John W W Graneto

Mailing Address 2625 W Ardmore Ave

City State Zip Code  
Chicago IL 60659-4911

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

Name of Employer Occupation  
Swedish Covenant Hospital Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789476

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code  
Aiken SC 29803-5688

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

Name of Employer Occupation  
Aiken Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802027

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code  
Aiken SC 29803-5688

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

Name of Employer Occupation  
Aiken Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810223

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 146 / 476  
(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)  
Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City State Zip Code  
Aiken SC 29803-5688

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

Name of Employer Occupation  
Aiken Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 249.99

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839105

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Charles R R Grassie

Mailing Address 6247 Brighton Rd  
6247 Brighton Rd

City State Zip Code  
Brighton MI 48116-7721

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

Name of Employer Occupation  
EPMG Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 25 / 2009

**Transaction ID:** C783048

Amount of Each Receipt this Period  
150.00

**C.** Full Name (Last, First, Middle Initial)  
Kelly Gray-Eurom

Mailing Address 4228 Fairway Dr

City State Zip Code  
Jacksonville FL 32210-6023

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

Name of Employer Occupation  
Univ of Florida Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID:** C802067

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1233.33**

**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 147 / 476  
(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)  
Andrea L L Green

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

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

Name of Employer Occupation  
Dr. Andrea L Green Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID:** C802031

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrea L L Green

Mailing Address 22428 Springflower Dr

City State Zip Code  
Golden CO 80401-8033

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

Name of Employer Occupation  
Dr. Andrea L Green Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** C810206

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert D D Greenberg

Mailing Address Scott & White  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0001

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

Name of Employer Occupation  
Dept of Emer Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761762

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 148 / 476  
(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)  
Robert D D Greenberg

Mailing Address Scott & White  
2401 S 31st St

City State Zip Code  
Temple TX 76508-0001

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

Name of Employer Occupation  
Dept of Emer Med Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C787868

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City State Zip Code  
Lewisville NC 27023-9694

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

Name of Employer Occupation  
Dr. Stephen E Greer Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787012

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City State Zip Code  
Lewisville NC 27023-9694

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

Name of Employer Occupation  
Dr. Stephen E Greer Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787059

Amount of Each Receipt this Period  
21.00

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

292.00

**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 / 476  
(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)  
Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City Lewisville State NC Zip Code 27023-9694

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

Name of Employer Dr. Stephen E Greer Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID: C787086**

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City Lewisville State NC Zip Code 27023-9694

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

Name of Employer Dr. Stephen E Greer Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2009

**Transaction ID: C848348**

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City Lewisville State NC Zip Code 27023-9694

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

Name of Employer Dr. Stephen E Greer Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2009

**Transaction ID: C848349**

Amount of Each Receipt this Period  
21.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **63.00**

**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 / 476  
(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)  
Stephen E E Greer

Mailing Address 1029 Chockecherry Ln

City Lewisville State NC Zip Code 27023-9694

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

Name of Employer Dr. Stephen E Greer Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt 12 / 31 / 2009  
**Transaction ID: C848350**  
 Amount of Each Receipt this Period 21.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin John John Gregg

Mailing Address 102 Laurel Oak Trl

City Simpsonville State SC Zip Code 29681-4735

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

Name of Employer Greenville Meml Hosp Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 07 / 2009  
**Transaction ID: C764142**  
 Amount of Each Receipt this Period 600.00

**C.** Full Name (Last, First, Middle Initial)  
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 Mr. Brad Gruehn Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 30 / 2009  
**Transaction ID: C761729**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 671.00

**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 / 476  
(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)  
Michael L L Guinness

Mailing Address 4721 Swathmore PI

City State Zip Code  
Sylvania OH 43560-2992

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

Name of Employer Occupation  
Dr. Michael L Guinness 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 0 / 2 0 0 9

Transaction ID: C765381

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael L L Guinness

Mailing Address 4721 Swathmore PI

City State Zip Code  
Sylvania OH 43560-2992

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

Name of Employer Occupation  
Dr. Michael L Guinness 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 4 / 2 0 0 9

Transaction ID: C809607

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kenneth S S Gummerson

Mailing Address 12 Wendover Rd

City State Zip Code  
Baltimore MD 21218-1832

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

Name of Employer Occupation  
Doctors Emergency Services 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 8 / 2 0 0 9

Transaction ID: C790794

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 152 / 476

(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)  
Theresa Gunnarson

Mailing Address 7460 Eagle Ridge Rd

City State Zip Code  
Orr MN 55771-8473

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

Name of Employer Occupation  
Saint Marys Medical Center 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 9

Transaction ID: C802046

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael G G Guttenberg

Mailing Address 11 Glen Hill Ln

City State Zip Code  
Tarrytown NY 10591-5055

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

Name of Employer Occupation  
St Josephs Med Ctr 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  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802025

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
Benjamin T T Hafkenschiel

Mailing Address 1100 Westridge Dr

City State Zip Code  
Portola Vly CA 94028-7341

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

Name of Employer Occupation  
Dr. Benjamin T Hafkenschiel Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 396.00

Date of Receipt

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

Transaction ID: C807368

Amount of Each Receipt this Period

96.00

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

471.00

**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 / 476

(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)  
Christopher G G Hamann

Mailing Address 5661 Cypress Hollow Way

City State Zip Code  
Naples FL 34109-5908

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

Name of Employer Occupation  
Naples Emergency Physicians Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773666

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Ginger A A Hamrick

Mailing Address 2600 6th St SW

City State Zip Code  
Canton OH 44710-1702

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

Name of Employer Occupation  
Aultman Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 14 / 2009

Transaction ID: C750675

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ginger A A Hamrick

Mailing Address 2600 6th St SW

City State Zip Code  
Canton OH 44710-1702

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

Name of Employer Occupation  
Aultman Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 22 / 2009

Transaction ID: C782300

Amount of Each Receipt this Period

100.00

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

2200.00

**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 / 476  
(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)  
Juhn Mark Mark Han

Mailing Address 1938 Middle Rd

City State Zip Code  
Duluth MN 55811-1621

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

Name of Employer St Marys Med Ctr      Occupation Emergency Physician

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

Date of Receipt  

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

**Transaction ID:** C776096

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Paul K K Hanashiro

Mailing Address 2760 San Pasqual

City State Zip Code  
Pasadena CA 91107-5340

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

Name of Employer Dr. Paul K Hanashiro      Occupation Emergency Physician

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

Date of Receipt  

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

**Transaction ID:** C804553

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
J Brian Hancock

Mailing Address 4827 Pebworth PI

City State Zip Code  
Saginaw MI 48603-9306

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

Name of Employer MI State Univ Colg of Hmn Medn      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

**Transaction ID:** C761739

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 155 / 476  
(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) J Brian Hancock		Date of Receipt MM / DD / YYYY 09 / 28 / 2009
Mailing Address 4827 Pebworth PI		<b>Transaction ID:</b> C785408
City Saginaw	State MI	Zip Code 48603-9306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MI State Univ Colg of Hmn Medn	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

**B.**

Full Name (Last, First, Middle Initial) J Brian Hancock		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 4827 Pebworth PI		<b>Transaction ID:</b> C839130
City Saginaw	State MI	Zip Code 48603-9306
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer MI State Univ Colg of Hmn Medn	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.00	

**C.**

Full Name (Last, First, Middle Initial) Mary E E Hancock		Date of Receipt MM / DD / YYYY 10 / 14 / 2009
Mailing Address 702 Oakdale Cir		<b>Transaction ID:</b> C792064
City Elyria	State OH	Zip Code 44035-0910
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer EMP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 156 / 476

(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)  
Daniel A Aaron Handel

Mailing Address 12716 NW 26th Ave

City State Zip Code  
Vancouver WA 98685-2005

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

Name of Employer Occupation  
OR Hlth & Science Univ CD- W-EM Emergency Physician

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

Date of Receipt

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

Transaction ID: C793997

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Tricia Thompson Thompson Handel

Mailing Address 3862 Old Post Rd

City State Zip Code  
Salisbury MD 21804-2544

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

Name of Employer Occupation  
Emer Svc Ass Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: C798729

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mark Jamieson Jamieson Hanna

Mailing Address 8308 Juxa Dr

City State Zip Code  
Myrtle Beach SC 29579-5311

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

Name of Employer Occupation  
Dr. Mark Jamieson Hanna Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761788

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 157 / 476

(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)  
Alfred R R Hansen

Mailing Address 141 Cherokee Park

City State Zip Code  
Lexington KY 40503-1303

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

Name of Employer Occupation  
Dr. Alfred R Hansen Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 1 5 / 2 0 0 9

Transaction ID: C792234

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Wayne C C Hardwick

Mailing Address 1675 Davis Ln

City State Zip Code  
Reno NV 89511-7598

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

Name of Employer Occupation  
Washoe Med Ctr Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 5 / 2 0 0 9

Transaction ID: C770789

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Russell H H Harris

Mailing Address 5829 Wissahickon Ave

City State Zip Code  
Philadelphia PA 19144-4446

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

Name of Employer Occupation  
EmCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

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

Transaction ID: C787842

Amount of Each Receipt this Period

1000.00

**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 158 / 476  
(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)  
Russell H H Harris

Mailing Address 5829 Wissahickon Ave

City Philadelphia State PA Zip Code 19144-4446

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 ▼ 1100.00

Date of Receipt 10 / 05 / 2009  
Transaction ID: C788977  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
William Carl Carl Harris

Mailing Address 3703 Westbeech Ct

City Hudsonville State MI Zip Code 49426-7355

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

Name of Employer EPI, PC Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 01 / 2009  
Transaction ID: C746792  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Todd Douglas Douglas Hartgerink

Mailing Address 2499 Ranchland Dr SW

City Byron Ctr State MI Zip Code 49315-9797

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

Name of Employer Metropolitan Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 06 / 2009  
Transaction ID: C764038  
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 159 / 476  
(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)  
Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City State Zip Code  
Scotts MI 49088-8340

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

Name of Employer Occupation  
SW Michigan Emerg Svcs PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID: C787834**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City State Zip Code  
Scotts MI 49088-8340

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

Name of Employer Occupation  
SW Michigan Emerg Svcs PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID: C810230**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City State Zip Code  
Scotts MI 49088-8340

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

Name of Employer Occupation  
SW Michigan Emerg Svcs PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C839099**

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 160 / 476  
(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)  
Stephen Carl Carl Hartsell

Mailing Address Univ of Utah ED  
75 N Medical Dr #1150

City State Zip Code  
Salt Lake City UT 84132-0005

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

Name of Employer Occupation  
Univ of Utah ED 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 4 / 2 0 0 9

**Transaction ID:** C787844

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
William C C Haselow

Mailing Address 7118 W Lafayette Pl

City State Zip Code  
Mequon WI 53092-8600

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

Name of Employer Occupation  
Infinity HealthCare Inc 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 3 / 2 0 0 9

**Transaction ID:** C802053

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Kelly A A Hedlund

Mailing Address 2688 Summit Dr

City State Zip Code  
Glenview IL 60025-7608

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

Name of Employer Occupation  
Infinity HealthCare 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 7 / 3 0 / 2 0 0 9

**Transaction ID:** C761779

Amount of Each Receipt this Period  
400.00

**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 161 / 476  
(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)  
Diane Beth Heller

Mailing Address 34 Glen Oaks Ave

City State Zip Code  
Summit NJ 07901-2416

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

Name of Employer Occupation  
Morristown Mem Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID: C770787**

Amount of Each Receipt this Period  
700.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary Thomas Hemann

Mailing Address 1650 S Sky Ridge Dr

City State Zip Code  
West Des Moines IA 50266-3812

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

Name of Employer Occupation  
Mercy Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 13 / 2009

**Transaction ID: C766205**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sean O'Brien Henderson

Mailing Address 7327 Alta Vis

City State Zip Code  
La Verne CA 91750-1103

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

Name of Employer Occupation  
LAC USC Med Ctr EM Dept Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID: C787853**

Amount of Each Receipt this Period  
250.00

**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 162 / 476  
(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)  
Charles W W Henrichs, III

Mailing Address Margaret R Pardee Meml Hosp  
800 N Justice St

City Hendersonville State NC Zip Code 28791-3410

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

Name of Employer Hendersonville Emer Consultant Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761764  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Charles W W Henrichs, III

Mailing Address Margaret R Pardee Meml Hosp  
800 N Justice St

City Hendersonville State NC Zip Code 28791-3410

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

Name of Employer Hendersonville Emer Consultant Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 29 / 2009  
Transaction ID: C798601  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew T T Herd

Mailing Address 11111 S 84th St

City Papillion State NE Zip Code 68046-4122

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

Name of Employer Midlands Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2009  
Transaction ID: C796642  
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 163 / 476  
(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)  
Sanford H H Herman

Mailing Address 424 Sandcastle Rd

City State Zip Code  
Franklin TN 37069-7221

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

Name of Employer Gateway Hlth Syst Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2009

**Transaction ID:** C769944

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Herbert Eugene Eugene Hern

Mailing Address 1411 E 31st St

City State Zip Code  
Oakland CA 94602-1018

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

Name of Employer ACMC Dept of EM Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787858

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric O O Herrera

Mailing Address 285 Golf club

City State Zip Code  
key west FL 33040

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

Name of Employer HealingSquad Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** C796643

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 164 / 476  
(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)  
David A A Hexter

Mailing Address 1405 Tayside Way

City State Zip Code  
Bel Air MD 21015-5620

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

Name of Employer Social Security Admin      Occupation Emergency Physician

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

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** C789495

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
Carter D D Hill

Mailing Address 6805 SE 32nd St

City State Zip Code  
Mercer Island WA 98040-2555

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

Name of Employer Holland American & Windster      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
0 7 / 1 7 / 2 0 0 9

**Transaction ID:** C754936

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Hugh F F Hill, III

Mailing Address 6915 Radnor Rd

City State Zip Code  
Bethesda MD 20817-6328

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

Name of Employer John Hopkins Bayview Dept EM      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

**Transaction ID:** C802094

Amount of Each Receipt this Period  
1000.00

**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 165 / 476  
(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)  
Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City State Zip Code  
Annapolis MD 21409-4830

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

Name of Employer Occupation  
Univ of MD ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761755

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City State Zip Code  
Annapolis MD 21409-4830

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

Name of Employer Occupation  
Univ of MD ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785414

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City State Zip Code  
Annapolis MD 21409-4830

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

Name of Employer Occupation  
Univ of MD ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C839121

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 166 / 476  
(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)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID: C761744**

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
08 / 28 / 2009

**Transaction ID: C773696**

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID: C785406**

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 167 / 476  
(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)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** C789469

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** C810241

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

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

Name of Employer Occupation  
SW Florida Reg Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 999.96

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** C839097

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 168 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Cherri D D Hobgood		Date of Receipt MM / DD / YYYY 10 / 06 / 2009		
	Mailing Address 6599 Gordonton Rd		<b>Transaction ID:</b> C789477		
	City Hurdle Mills	State NC	Zip Code 27541-9215	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Neurosciences Hosp	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) James William Hoekstra, MD, FACEP		Date of Receipt MM / DD / YYYY 07 / 14 / 2009		
	Mailing Address Wake Forest Univ Schl of Med Medical Center Blvd		<b>Transaction ID:</b> C750699		
	City Winston Salem	State NC	Zip Code 27157-0001	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Wake Forest Univ Schl of Med	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas James James Hoey		Date of Receipt MM / DD / YYYY 08 / 18 / 2009		
	Mailing Address 212 Tanglewood Dr		<b>Transaction ID:</b> C768732		
	City Holland	State MI	Zip Code 49424-2332	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Holland Comm Hosp	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 169 / 476  
(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)  
Douglas James James Hoey

Mailing Address 212 Tanglewood Dr

City State Zip Code  
Holland MI 49424-2332

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

Name of Employer Occupation  
Holland Comm Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 23 / 2009

**Transaction ID: C782459**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City State Zip Code  
Charlotte NC 28226-2619

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

Name of Employer Occupation  
Mid Atlantic Emer Med Ass-oc PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787027**

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City State Zip Code  
Charlotte NC 28226-2619

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

Name of Employer Occupation  
Mid Atlantic Emer Med Ass-oc PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787042**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **290.00**

**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 170 / 476  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Edwin T Holloway</p> <p>Mailing Address 8815 Challis Farm Rd</p> <p>City State Zip Code Charlotte NC 28226-2619</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Mid Atlantic Emer Med Ass-oc PC Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2009</span></p> <p><b>Transaction ID:</b> C787078</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Edwin T Holloway</p> <p>Mailing Address 8815 Challis Farm Rd</p> <p>City State Zip Code Charlotte NC 28226-2619</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Mid Atlantic Emer Med Ass-oc PC Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">12 / 31 / 2009</span></p> <p><b>Transaction ID:</b> C848286</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
--	---

<p><b>C.</b> Full Name (Last, First, Middle Initial) Edwin T Holloway</p> <p>Mailing Address 8815 Challis Farm Rd</p> <p>City State Zip Code Charlotte NC 28226-2619</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Mid Atlantic Emer Med Ass-oc PC Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼  <span style="border: 1px solid black; padding: 2px;">240.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">12 / 31 / 2009</span></p> <p><b>Transaction ID:</b> C848287</p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">20.00</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">60.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 171 / 476

(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)  
Edwin T Holloway

Mailing Address 8815 Challis Farm Rd

City State Zip Code  
Charlotte NC 28226-2619

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

Name of Employer Occupation  
Mid Atlantic Emer Med Ass-oc PC Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848288

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas K K Holtzman

Mailing Address 120 Deckerleaf Ct

City State Zip Code  
Winston Salem NC 27106-8753

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

Name of Employer Occupation  
Dr. Douglas K Holtzman 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 3 / 2 0 0 9

Transaction ID: C820027

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Sandy J J Honke

Mailing Address 3815 Pine View Dr

City State Zip Code  
Rapid City SD 57702-6977

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

Name of Employer Occupation  
Rapid City Regional Hosp ED 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 / 0 9 / 2 0 0 9

Transaction ID: C749649

Amount of Each Receipt this Period  
1000.00

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

1270.00

**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 / 476  
(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)  
Hans Roberts Roberts House

Mailing Address Univ of IA Hosps & Clncs  
200 Hawkins Dr Rcp 1008

City Iowa City State IA Zip Code 52242-1007

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

Name of Employer Univ of IA Hosps & Clncs Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 03 / 2009  
Transaction ID: C802047  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Shkelzen Hoxhaj

Mailing Address 4130 Drake St

City Houston State TX Zip Code 77005-1028

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

Name of Employer Baylor Colg of Med Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 04 / 2009  
Transaction ID: C787856  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Lisa Dianne Dianne Hrutkay

Mailing Address 1464 Stoolfire Rd

City Valley Grove State WV Zip Code 26060-7934

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: 10 / 04 / 2009  
Transaction ID: C787852  
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 173 / 476

(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)  
Peter V V Hull

Mailing Address 149 Lost Oak Ct

City State Zip Code  
Roseville CA 95661-4062

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sutter Roseville Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt 07 / 30 / 2009

**Transaction ID:** C761829

Amount of Each Receipt this Period 367.65

**B.**

Full Name (Last, First, Middle Initial)  
Peter V V Hull

Mailing Address 149 Lost Oak Ct

City State Zip Code  
Roseville CA 95661-4062

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sutter Roseville Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt 11 / 18 / 2009

**Transaction ID:** C815100

Amount of Each Receipt this Period 96.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter V V Hull

Mailing Address 149 Lost Oak Ct

City State Zip Code  
Roseville CA 95661-4062

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Sutter Roseville Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt 11 / 30 / 2009

**Transaction ID:** C810204

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 563.65

**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 174 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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) Phillip D D Hunt		Date of Receipt MM / DD / YYYY 08 / 25 / 2009
Mailing Address 7308 Duckabush Ln		<b>Transaction ID:</b> C770764
City Silverdale	State WA	Zip Code 98383-9342
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Dr. Phillip D Hunt	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

**B.**

Full Name (Last, First, Middle Initial) Alice D D Hunter		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 38 Tierra Verde Ct		<b>Transaction ID:</b> C761822
City Walnut Creek	State CA	Zip Code 94598-4857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 367.65
Name of Employer California Emer Phys Med Grp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	

**C.**

Full Name (Last, First, Middle Initial) Alice D D Hunter		Date of Receipt MM / DD / YYYY 11 / 18 / 2009
Mailing Address 38 Tierra Verde Ct		<b>Transaction ID:</b> C807361
City Walnut Creek	State CA	Zip Code 94598-4857
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 96.00
Name of Employer California Emer Phys Med Grp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 463.65	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	563.65
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 175 / 476

(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)  
David L L Hunter

Mailing Address 784 Lockhart Gulch Rd

City State Zip Code  
Scotts Valley CA 95066-2915

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

Name of Employer Regl Med Ctr of San Jose ED  
Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761877

Amount of Each Receipt this Period

367.65

**B.**

Full Name (Last, First, Middle Initial)  
David L L Hunter

Mailing Address 784 Lockhart Gulch Rd

City State Zip Code  
Scotts Valley CA 95066-2915

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

Name of Employer Regl Med Ctr of San Jose ED  
Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2009

Transaction ID: C807177

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)  
John Bruce Bruce Irwin

Mailing Address 12328 Bluff Shore Dr

City State Zip Code  
Knoxville TN 37922-6102

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

Name of Employer Southeastern 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  
08 / 13 / 2009

Transaction ID: C766210

Amount of Each Receipt this Period

500.00

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

963.65

**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 176 / 476  
(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)  
John Bruce Bruce Irwin  
Mailing Address 12328 Bluff Shore Dr  
City Knoxville State TN Zip Code 37922-6102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Southeastern Emer Phys Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00  
Date of Receipt 12 / 28 / 2009  
Transaction ID: C820216  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Jerry I I Jacobson  
Mailing Address 5137 W Lakewood Dr  
City Visalia State CA Zip Code 93291-9016  
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 ▼ 321.00  
Date of Receipt 07 / 01 / 2009  
Transaction ID: C746773  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Jerry I I Jacobson  
Mailing Address 5137 W Lakewood Dr  
City Visalia State CA Zip Code 93291-9016  
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 ▼ 321.00  
Date of Receipt 11 / 18 / 2009  
Transaction ID: C807351  
Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 296.00  
**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 / 476  
(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)  
H Gerlach James, III

Mailing Address 58 Alachua Dr SE

City State Zip Code  
Winter Haven FL 33884-1406

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

Name of Employer InPhyNet Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY  
07 / 14 / 2009

Transaction ID: C750697

Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
George John John Janas

Mailing Address 290 Brook View Dr

City State Zip Code  
Cuyahoga Falls OH 44223-3533

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

Name of Employer Mercy Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: MM / DD / YYYY  
09 / 28 / 2009

Transaction ID: C785431

Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Stephen G G Jaskowiak

Mailing Address 8531 S 70th E Ave

City State Zip Code  
Tulsa OK 74133-5084

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

Name of Employer Dr. Stephen G Jaskowiak Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: MM / DD / YYYY  
07 / 23 / 2009

Transaction ID: C760127

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 178 / 476  
(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) David Peter Peter John		Date of Receipt MM / DD / YYYY 07 / 22 / 2009
Mailing Address Caritas Carney Hosp Dept of EM 2100 Dorchester Ave		Transaction ID: C760016
City Dorchester	State MA	Zip Code 02124-5615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**B.**

Full Name (Last, First, Middle Initial) David Peter Peter John		Date of Receipt MM / DD / YYYY 10 / 04 / 2009
Mailing Address Caritas Carney Hosp Dept of EM 2100 Dorchester Ave		Transaction ID: C787879
City Dorchester	State MA	Zip Code 02124-5615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

**C.**

Full Name (Last, First, Middle Initial) David Peter Peter John		Date of Receipt MM / DD / YYYY 10 / 15 / 2009
Mailing Address Caritas Carney Hosp Dept of EM 2100 Dorchester Ave		Transaction ID: C792237
City Dorchester	State MA	Zip Code 02124-5615
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Caritas Carney Hosp Dept of EM	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 179 / 476  
(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)  
Alan M M Johnson

Mailing Address 5801 Harbord Dr

City State Zip Code  
Oakland CA 94611-3122

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

Name of Employer Occupation  
Emerg Med Oakland Children's Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 24 / 2009

Transaction ID: C760982

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Alan M M Johnson

Mailing Address 5801 Harbord Dr

City State Zip Code  
Oakland CA 94611-3122

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

Name of Employer Occupation  
Emerg Med Oakland Children's Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 15 / 2009

Transaction ID: C818082

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Kendrick Johnson

Mailing Address 103 Black Gold Ln

City State Zip Code  
Folsom CA 95630-3413

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

Name of Employer Occupation  
Mercy Folsom Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761858

Amount of Each Receipt this Period  
367.65

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

717.65

**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 / 476  
(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)  
Kendrick Johnson

Mailing Address 103 Black Gold Ln

City State Zip Code  
Folsom CA 95630-3413

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

Name of Employer Occupation  
Mercy Folsom Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807159

Amount of Each Receipt this Period  
96.00

**B.** Full Name (Last, First, Middle Initial)  
Suzanne E E Johnson

Mailing Address 4329 Gregory St

City State Zip Code  
Oakland CA 94619-2238

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

Name of Employer Occupation  
Dr. Suzanne E Johnson Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 296.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807138

Amount of Each Receipt this Period  
96.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy James James Johnson

Mailing Address 6609 Southdale Rd

City State Zip Code  
Edina MN 55435-1650

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

Name of Employer Occupation  
Emerg Phys PA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2009

**Transaction ID:** C768701

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 292.00

**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 / 476

(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)  
Timothy James James Johnson

Mailing Address 6609 Southdale Rd

City State Zip Code  
Edina MN 55435-1650

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

Name of Employer Occupation  
Emerg Phys PA Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2009

Transaction ID: C782464

Amount of Each Receipt this Period  
150.00

**B.**

Full Name (Last, First, Middle Initial)  
Ryan Austin Austin Jones

Mailing Address 4315 Beeman Rd

City State Zip Code  
Williamson MI 48895-9346

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

Name of Employer Occupation  
Dr. Ryan Austin Jones Emergency Physician

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

Date of Receipt

M M / D D / Y Y Y Y  
07 / 23 / 2009

Transaction ID: C760131

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City State Zip Code  
Haymarket VA 20169-2628

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

Name of Employer Occupation  
Dr. Jeffrey Alan Joseph Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761760

Amount of Each Receipt this Period  
100.00

**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 182 / 476  
(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)  
Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City State Zip Code  
Haymarket VA 20169-2628

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

Name of Employer Occupation  
Dr. Jeffrey Alan Joseph Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID: C773687**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Alan Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City State Zip Code  
Haymarket VA 20169-2628

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

Name of Employer Occupation  
Dr. Jeffrey Alan Joseph Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID: C785392**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Charles W W Judy

Mailing Address 901 S Olivet

City State Zip Code  
Columbia MO 65201-9670

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

Name of Employer Occupation  
Capital Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID: C750665**

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 183 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Charles W W Judy		Date of Receipt MM / DD / YYYY 11 / 09 / 2009		
	Mailing Address 901 S Olivet		<b>Transaction ID:</b> C802143		
	City Columbia	State MO	Zip Code 65201-9670	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Capital Emer Phys	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Frank John Kaeberlein		Date of Receipt MM / DD / YYYY 08 / 24 / 2009		
	Mailing Address 9380 Portage St NW		<b>Transaction ID:</b> C770206		
	City Massillon	State OH	Zip Code 44646	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Stark County Emergency Ph- ysicians	Occupation emergency physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven B B Kailes		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 1998 Rivergate Dr		<b>Transaction ID:</b> C761753		
	City Orange Park	State FL	Zip Code 32003-8686	Amount of Each Receipt this Period 83.33	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Southeast Emer Consultant	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 749.97			

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

1183.33

**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 184 / 476  
(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)  
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      749.97

Date of Receipt  

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

**Transaction ID: C773692**

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      749.97

Date of Receipt  

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

**Transaction ID: C785401**

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      749.97

Date of Receipt  

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

**Transaction ID: C798592**

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 185 / 476  
(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)  
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant 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 Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** C810229

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

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

Name of Employer Southeast Emer Consultant 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 Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** C839124

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Neeraja Kairam

Mailing Address 20 Club Drive

City State Zip Code  
Summit NJ 07901-3138

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

Name of Employer Emergency Medical Associates Occupation 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 / 1 1 / 2 0 0 9

**Transaction ID:** C803435

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **466.66**

**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 186 / 476  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Kathy Marie Kallman

Mailing Address 1889 Basswood Drive

City State Zip Code  
Kent OH 44240

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

Name of Employer SCEP Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  

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

**Transaction ID:** C778481

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathy Marie Kallman

Mailing Address 1889 Basswood Drive

City State Zip Code  
Kent OH 44240

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

Name of Employer SCEP Occupation 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	6	/	2	0	0	9

**Transaction ID:** C803437

Amount of Each Receipt this Period  
-500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jay A Kaplan

Mailing Address 300 Oak Ave

City State Zip Code  
San Anselmo CA 94960-2703

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

Name of Employer CEP America Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

**Transaction ID:** C761727

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **83.33**

**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 187 / 476  
(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)  
Jay A 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 CEP America Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt  

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

**Transaction ID:** C773695

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Jay A 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 CEP America Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt  

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

**Transaction ID:** C785404

Amount of Each Receipt this Period  
83.37

**C.**

Full Name (Last, First, Middle Initial)  
Jay A 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 CEP America Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

**Transaction ID:** C802033

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.03**

**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 / 476  
(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)  
Jay A 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 CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt 11 / 18 / 2009

**Transaction ID: C807127**

Amount of Each Receipt this Period 96.00

**B.**

Full Name (Last, First, Middle Initial)  
Jay A 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 CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt 11 / 30 / 2009

**Transaction ID: C810222**

Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
Jay A 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 CEP America Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1196.00

Date of Receipt 12 / 31 / 2009

**Transaction ID: C839129**

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 262.66

**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 189 / 476  
(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)  
William L L Kasdon

Mailing Address 363 Highland Ave

City State Zip Code  
Fall River MA 02720-3703

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

Name of Employer: Charlton Meml Hosp   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 07 / 24 / 2009  
Transaction ID: C760965  
Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Marylu Kataja

Mailing Address 5930 Moray Ct

City State Zip Code  
Concord NC 28027-6438

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

Name of Employer: Cabarrus Emer Med Assoc   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt: 08 / 14 / 2009  
Transaction ID: C766279  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Gary R R Katz

Mailing Address 7918 Wisteria Ct

City State Zip Code  
Dublin OH 43016-8531

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

Name of Employer: OSU, ED   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 02 / 2009  
Transaction ID: C746976  
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 190 / 476  
(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)  
Brian F F Keaton

Mailing Address 164 Silver Valley Blvd

City State Zip Code  
Munroe Falls OH 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 ▼  
250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	3	/	2	0	0	9

**Transaction ID: C802075**  
 Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer PMB 521      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	0	/	2	0	0	9

**Transaction ID: C761775**  
 Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer PMB 521      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	8	/	2	0	0	9

**Transaction ID: C773700**  
 Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **350.00**

**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 / 476  
(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)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer Occupation  
PMB 521 Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID: C785397**

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer Occupation  
PMB 521 Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2009

**Transaction ID: C798597**

Amount of Each Receipt this Period  
50.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer Occupation  
PMB 521 Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID: C810212**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

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

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

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

FOR LINE NUMBER: PAGE 192 / 476  
(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)  
Robert Kec

Mailing Address 1900 Paradise Ln

City State Zip Code  
Prescott AZ 86305-5284

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

Name of Employer Occupation  
PMB 521 Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839104

Amount of Each Receipt this Period  
50.00

**B.** Full Name (Last, First, Middle Initial)  
Alfred Brian Brian Kelleher

Mailing Address 5414 Sunrise Bluff Ct

City State Zip Code  
Midlothian VA 23112-2516

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

Name of Employer Occupation  
CJW Med Ctr Chippenham Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 10 / 2009

**Transaction ID:** C765385

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Alfred Brian Brian Kelleher

Mailing Address 5414 Sunrise Bluff Ct

City State Zip Code  
Midlothian VA 23112-2516

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

Name of Employer Occupation  
CJW Med Ctr Chippenham Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID:** C785511

Amount of Each Receipt this Period  
500.00

**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 193 / 476

(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)

Colleen E E Kelley

Mailing Address St Marys Hosp ED  
1300 Massachusetts Ave

City Troy State NY Zip Code 12180-1628

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

Name of Employer St Marys 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  
07 / 22 / 2009

Transaction ID: C760008

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Alan L L Kenwood

Mailing Address 6 S Hill Ct

City Morristown State NJ Zip Code 07960-3368

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 ▼ 700.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2009

Transaction ID: C770580

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)

Stuart Gary Gary Kessler

Mailing Address PO Box 71

City Marlboro State NJ Zip Code 07746-0071

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 ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2009

Transaction ID: C749601

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 194 / 476  
(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)  
Eric Michael Michael Ketcham

Mailing Address 228 W 35th St

City Farmington State NM Zip Code 87401-4047

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

Name of Employer San Juan Reg Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: MM / DD / YYYY 12 / 09 / 2009

**Transaction ID:** C814909

Amount of Each Receipt this Period 200.00

**B.** Full Name (Last, First, Middle Initial)  
Munir Khalid-Abasi

Mailing Address 17501 Martin Lake Dr

City Baton Rouge State LA Zip Code 70816-3621

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

Name of Employer Ochsner Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY 07 / 14 / 2009

**Transaction ID:** C750672

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Tariq Khan

Mailing Address 11652 Log Jump Trl

City Ellicott City State MD Zip Code 21042-1500

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

Name of Employer Sinai Hosp ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: MM / DD / YYYY 10 / 15 / 2009

**Transaction ID:** C792241

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 195 / 476  
(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)  
Babak Khazaeni

Mailing Address 13690 Chaparral Trl

City Yucaipa State CA Zip Code 92399-3601

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

Name of Employer Desert Regl Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt: 07 / 30 / 2009  
**Transaction ID: C761870**  
 Amount of Each Receipt this Period: 367.65

**B.**

Full Name (Last, First, Middle Initial)  
Babak Khazaeni

Mailing Address 13690 Chaparral Trl

City Yucaipa State CA Zip Code 92399-3601

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

Name of Employer Desert Regl Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt: 11 / 18 / 2009  
**Transaction ID: C807171**  
 Amount of Each Receipt this Period: 96.00

**C.**

Full Name (Last, First, Middle Initial)  
James S S Kim

Mailing Address 8038 Sanctuary Dr

City Corona State CA Zip Code 92883-5952

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

Name of Employer Loma Linda Univ Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt: 07 / 30 / 2009  
**Transaction ID: C761879**  
 Amount of Each Receipt this Period: 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **831.30**

**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 / 476  
(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)  
James S S Kim

Mailing Address 8038 Sanctuary Dr

City State Zip Code  
Corona CA 92883-5952

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

Name of Employer Loma Linda Univ Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID: C807169**

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven S S Kim

Mailing Address 21766 Thimbleberry Ct

City State Zip Code  
Corona CA 92883-7358

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

Name of Employer Riverside Cmnty Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID: C776657**

Amount of Each Receipt this Period  
367.65

**C.**

Full Name (Last, First, Middle Initial)  
Steven S S Kim

Mailing Address 21766 Thimbleberry Ct

City State Zip Code  
Corona CA 92883-7358

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

Name of Employer Riverside Cmnty Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID: C815107**

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **559.65**

**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 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Michael Michael Klauer		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 4281 Glenmoor Rd NW		<b>Transaction ID:</b> C761707		
	City Canton	State OH	Zip Code 44718-2255	Amount of Each Receipt this Period 225.00	
	FEC ID number of contributing federal political committee. C		Name of Employer EMP Ltd		
Occupation Emergency Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 3025.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Jeffrey Allen Allen Klein		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 1915 Smarty Jones Dr Apt 317		<b>Transaction ID:</b> C787029		
	City Waxhaw	State NC	Zip Code 28173-7222	Amount of Each Receipt this Period 17.00	
	FEC ID number of contributing federal political committee. C		Name of Employer MEMA		
Occupation Emergency Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 204.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Jeffrey Allen Allen Klein		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 1915 Smarty Jones Dr Apt 317		<b>Transaction ID:</b> C787048		
	City Waxhaw	State NC	Zip Code 28173-7222	Amount of Each Receipt this Period 17.00	
	FEC ID number of contributing federal political committee. C		Name of Employer MEMA		
Occupation Emergency Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 204.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	259.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 198 / 476  
(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)  
Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr  
Apt 317

City Waxhaw State NC Zip Code 28173-7222

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 ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 30 / 2009

**Transaction ID: C787084**

Amount of Each Receipt this Period  
17.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr  
Apt 317

City Waxhaw State NC Zip Code 28173-7222

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 ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2009

**Transaction ID: C848297**

Amount of Each Receipt this Period  
17.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr  
Apt 317

City Waxhaw State NC Zip Code 28173-7222

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 ▼ 204.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
12 / 31 / 2009

**Transaction ID: C848298**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.00

**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 199 / 476  
(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)  
Jeffrey Allen Allen Klein

Mailing Address 1915 Smarty Jones Dr  
Apt 317

City State Zip Code  
Waxhaw NC 28173-7222

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

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848299

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey A A Kline

Mailing Address 12026 Matthew Martin Ln

City State Zip Code  
Charlotte NC 28216-7767

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

Name of Employer Occupation  
Carolinas Med Ctr ED 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 / 2 2 / 2 0 0 9

Transaction ID: C760012

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Theodore I I Kloth

Mailing Address 735 Snyder Ln

City State Zip Code  
Walnut Creek CA 94598-4410

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

Name of Employer Occupation  
John Muir Med Ctr ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761854

Amount of Each Receipt this Period

367.65

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

634.65

**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 / 476  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A.**

Full Name (Last, First, Middle Initial)  
Theodore I I Kloth

Mailing Address 735 Snyder Ln

City State Zip Code  
Walnut Creek CA 94598-4410

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

Name of Employer Occupation  
John Muir Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

**Transaction ID:** C815083

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Vincent H H Knauf, II

Mailing Address 4860 Louise Dr

City State Zip Code  
San Diego CA 92115-1921

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

Name of Employer Occupation  
Sharp Chala Vista Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 221.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 1 8 / 2 0 0 9

**Transaction ID:** C815076

Amount of Each Receipt this Period  
96.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher J J Knuth

Mailing Address 3230 W Riverland Dr

City State Zip Code  
Mequon WI 53092-2836

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

Name of Employer Occupation  
Infinity HealthCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 9

**Transaction ID:** C794385

Amount of Each Receipt this Period  
200.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **392.00**

**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 / 476  
(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)  
Theodore Alfred Alfred Koerner

Mailing Address 23 Penfro Dr

City Iowa City State IA Zip Code 52246-4927

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

Name of Employer INRISIS Corp Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 13 / 2009  
**Transaction ID: C791391**  
 Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Kevin P P Kooiker

Mailing Address 151 Lake Ave N Apt 100A

City Spicer State MN Zip Code 56288-8605

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

Name of Employer Rice Meml Hosp Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 09 / 03 / 2009  
**Transaction ID: C776660**  
 Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Scott Jason 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 ▼ 1300.00

Date of Receipt: 07 / 26 / 2009  
**Transaction ID: C761008**  
 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 202 / 476  
(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)  
Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City State Zip Code  
Pittsburgh PA 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 ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
08 / 26 / 2009

Transaction ID: C770811

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City State Zip Code  
Pittsburgh PA 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 ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
09 / 26 / 2009

Transaction ID: C783052

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City State Zip Code  
Pittsburgh PA 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 ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
10 / 26 / 2009

Transaction ID: C796678

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 203 / 476  
(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)  
Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City State Zip Code  
Pittsburgh PA 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 ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
11 / 26 / 2009

**Transaction ID:** C809700

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Scott Jason Jason Korvek

Mailing Address 1212 Lakemont Dr

City State Zip Code  
Pittsburgh PA 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 ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
12 / 26 / 2009

**Transaction ID:** C820071

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Shaheed I I Koury

Mailing Address 10623 Monte Vista Ct

City State Zip Code  
Fort Wayne IN 46814-9069

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

Name of Employer Lutheran Hosp ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** C750674

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 204 / 476  
(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)  
Theophile G 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 CA Emer Phys Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65  
Date of Receipt 07 / 30 / 2009  
Transaction ID: C761859  
Amount of Each Receipt this Period 367.65

**B.** Full Name (Last, First, Middle Initial)  
Theophile G 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 CA Emer Phys Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65  
Date of Receipt 11 / 18 / 2009  
Transaction ID: C807096  
Amount of Each Receipt this Period 96.00

**C.** Full Name (Last, First, Middle Initial)  
Terry Kowalenko  
Mailing Address 4619 Oak Pointe Dr  
City Brighton State MI Zip Code 48116-7728  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Univ of MI - Taubman Ctr Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 433.36  
Date of Receipt 07 / 14 / 2009  
Transaction ID: C750694  
Amount of Each Receipt this Period 54.17

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 517.82  
**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 / 476  
(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)  
Terry Kowalenko  
 Mailing Address 4619 Oak Pointe Dr  
 City Brighton State MI Zip Code 48116-7728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of MI - Taubman Ctr Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.36  
 Date of Receipt 07 / 30 / 2009  
**Transaction ID: C761757**  
 Amount of Each Receipt this Period 54.17

**B.** Full Name (Last, First, Middle Initial)  
Terry Kowalenko  
 Mailing Address 4619 Oak Pointe Dr  
 City Brighton State MI Zip Code 48116-7728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of MI - Taubman Ctr Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.36  
 Date of Receipt 08 / 28 / 2009  
**Transaction ID: C773676**  
 Amount of Each Receipt this Period 54.17

**C.** Full Name (Last, First, Middle Initial)  
Terry Kowalenko  
 Mailing Address 4619 Oak Pointe Dr  
 City Brighton State MI Zip Code 48116-7728  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of MI - Taubman Ctr Occupation Emergency Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 433.36  
 Date of Receipt 09 / 28 / 2009  
**Transaction ID: C785393**  
 Amount of Each Receipt this Period 54.17

**SUBTOTAL** of Receipts This Page (optional) ..... ► 162.51  
**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 / 476

(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)  
Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City State Zip Code  
Brighton MI 48116-7728

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

Name of Employer Occupation  
Univ of MI - Taubman Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 433.36

Date of Receipt

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

Transaction ID: C798602

Amount of Each Receipt this Period  
54.17

**B.**

Full Name (Last, First, Middle Initial)  
Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City State Zip Code  
Brighton MI 48116-7728

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

Name of Employer Occupation  
Univ of MI - Taubman Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 433.36

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810236

Amount of Each Receipt this Period  
54.17

**C.**

Full Name (Last, First, Middle Initial)  
Christopher A A Kramer

Mailing Address 4412 SW Gull Point Dr

City State Zip Code  
Lees Summit MO 64082-4688

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

Name of Employer Occupation  
Lafayette Regl Hlth Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: C764047

Amount of Each Receipt this Period  
1000.00

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

1108.34

**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 / 476  
(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)  
Gloria J 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 ▼ 500.00

Date of Receipt 07 / 09 / 2009  
**Transaction ID: C749618**  
 Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Amy T T Kumagai

Mailing Address PO Box 79

City Ankeny State IA Zip Code 50021-0079

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

Name of Employer Grinnell Regl Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 23 / 2009  
**Transaction ID: C820036**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Juliet La Mers

Mailing Address 2655 Mace Rd

City Camino State CA Zip Code 95709-9609

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

Name of Employer Marshall Hosp Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 28 / 2009  
**Transaction ID: C773686**  
 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 208 / 476  
(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)

Juliet La Mers

Mailing Address 2655 Mace Rd

City State Zip Code  
Camino CA 95709-9609

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

Name of Employer Occupation  
Marshall Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810227

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Erik R R Lacy

Mailing Address 12231 Horseshoe Rd

City State Zip Code  
Oakdale CA 95361-8876

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

Name of Employer Occupation  
Dr. Erik R Lacy Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 321.00

Date of Receipt

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

Transaction ID: C807139

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)

Anthony Thomas Thomas Lagina, III

Mailing Address 4201 St Antoine St 3R

City State Zip Code  
Detroit MI 48201-2153

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

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C792065

Amount of Each Receipt this Period

100.00

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

446.00

**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 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Andre Landreville

Mailing Address 11924 Pasco Trails Blvd

City State Zip Code  
Spring Hill FL 34610-4803

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

Name of Employer Tampa Bay Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761819

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Henry Landsgaard

Mailing Address 5356 Washburn Rd

City State Zip Code  
Goodrich MI 48438-8819

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

Name of Employer Genesys Reg Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2009

Transaction ID: C763175

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
James B B Lane

Mailing Address 148 Kelly Ave

City State Zip Code  
Half Moon Bay CA 94019-1630

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

Name of Employer Santa Clara Valley Med Ctr ED Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 221.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: C815067

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2096.00

**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 / 476  
(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)  
Catherine Janet Janet Langston

Mailing Address 888 E Main St

City State Zip Code  
Batesville AR 72501-3438

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

Name of Employer Occupation  
White River Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

Transaction ID: C760023

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Gary W W Langston

Mailing Address 906 Shady Bend Dr

City State Zip Code  
Kennedale TX 76060-5493

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

Name of Employer Occupation  
John Peter Smith Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

Transaction ID: C780414

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City State Zip Code  
Denver CO 80238

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

Name of Employer Occupation  
Denver Health Hospital Au-  
thority Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 26 / 2009

Transaction ID: C761009

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **625.00**

**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 / 476  
(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) Eric J Lavonas		Date of Receipt MM / DD / YYYY 08 / 26 / 2009
Mailing Address 7969 East 23rd Ave		<b>Transaction ID:</b> C770795
City State Zip Code Denver CO 80238	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Denver Health Hospital Au- thority	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Eric J Lavonas		Date of Receipt MM / DD / YYYY 09 / 26 / 2009
Mailing Address 7969 East 23rd Ave		<b>Transaction ID:</b> C783053
City State Zip Code Denver CO 80238	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Denver Health Hospital Au- thority	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**C.**

Full Name (Last, First, Middle Initial) Eric J Lavonas		Date of Receipt MM / DD / YYYY 10 / 26 / 2009
Mailing Address 7969 East 23rd Ave		<b>Transaction ID:</b> C796679
City State Zip Code Denver CO 80238	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 25.00
Name of Employer Denver Health Hospital Au- thority	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	75.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 212 / 476  
(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)  
Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City State Zip Code  
Denver CO 80238

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

Name of Employer: Denver Health Hospital Authority  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 11 / 26 / 2009  
**Transaction ID: C809701**  
 Amount of Each Receipt this Period: 25.00

**B.** Full Name (Last, First, Middle Initial)  
Eric J Lavonas

Mailing Address 7969 East 23rd Ave

City State Zip Code  
Denver CO 80238

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

Name of Employer: Denver Health Hospital Authority  
Occupation: Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 12 / 26 / 2009  
**Transaction ID: C820072**  
 Amount of Each Receipt this Period: 25.00

**C.** Full Name (Last, First, Middle Initial)  
Steven F F Lay

Mailing Address 8502 Lays Cove Pl

City State Zip Code  
Odessa FL 33556-4716

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

Name of Employer: Tampa Bay Emer Phys  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 07 / 30 / 2009  
**Transaction ID: C761824**  
 Amount of Each Receipt this Period: 1000.00

**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 213 / 476

(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)  
Christopher Layton

Mailing Address 106 E Caramillo St

City State Zip Code  
Colorado Springs CO 80907-7417

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

Name of Employer Occupation  
Front Range Emer Spec 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 3 / 2 0 0 9

Transaction ID: C820021

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Duc Hong Hong Le

Mailing Address 68 Main Cir

City State Zip Code  
Shrewsbury MA 01545-3349

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

Name of Employer Occupation  
Day Kimball Hosp 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 7 / 2 0 0 9

Transaction ID: C797387

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Marvin Leibovich, MD, FACEP

Mailing Address 10618 Zuber Rd

City State Zip Code  
Alexander AR 72002-9002

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

Name of Employer Occupation  
Univ of AR for Med Sci 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 3 / 2 0 0 9

Transaction ID: C802072

Amount of Each Receipt this Period

1000.00

**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 214 / 476  
(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)  
Jeffery J J Leinen

Mailing Address 1754 Oro Valley Cir

City State Zip Code  
Walnut Creek CA 94596-6157

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

Name of Employer Occupation  
Dr. Jeffery J Leinen Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761846

Amount of Each Receipt this Period

367.65

**B.**

Full Name (Last, First, Middle Initial)  
Jeffery J J Leinen

Mailing Address 1754 Oro Valley Cir

City State Zip Code  
Walnut Creek CA 94596-6157

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

Name of Employer Occupation  
Dr. Jeffery J Leinen Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2009

Transaction ID: C807288

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)  
Alan S S Lemansky

Mailing Address 12 Pal Dr

City State Zip Code  
Ocean Twp NJ 07712-2552

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

Name of Employer Occupation  
Dr. Alan S Lemansky Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 02 / 2009

Transaction ID: C787792

Amount of Each Receipt this Period

1000.00

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

1463.65

**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 / 476  
(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) John McMullen McMullen Lemery		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 619 E 11th St Apt 1B Apt 1B		<b>Transaction ID:</b> C761759
City New York	State NY	Zip Code 10009-9702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer New York Presbyterian Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.01	

**B.**

Full Name (Last, First, Middle Initial) John McMullen McMullen Lemery		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Mailing Address 619 E 11th St Apt 1B Apt 1B		<b>Transaction ID:</b> C773670
City New York	State NY	Zip Code 10009-9702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer New York Presbyterian Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.01	

**C.**

Full Name (Last, First, Middle Initial) John McMullen McMullen Lemery		Date of Receipt MM / DD / YYYY 09 / 28 / 2009
Mailing Address 619 E 11th St Apt 1B Apt 1B		<b>Transaction ID:</b> C785400
City New York	State NY	Zip Code 10009-9702
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.37
Name of Employer New York Presbyterian Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.01	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>250.03</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 216 / 476  
(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)  
Brian J J Levine

Mailing Address 1824 Wawaset St

City State Zip Code  
Wilmington DE 19806-2133

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

Name of Employer Occupation  
Christiana Care Hlth Syst Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 350.00

Date of Receipt  

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

**Transaction ID:** C812397

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Gary Alan Alan Li

Mailing Address 215 Vista De Sierra

City State Zip Code  
Los Gatos CA 95030-6320

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

Name of Employer Occupation  
Good Samaritan Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 563.65

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

**Transaction ID:** C761844

Amount of Each Receipt this Period  
367.65

**C.** Full Name (Last, First, Middle Initial)  
Gary Alan Alan Li

Mailing Address 215 Vista De Sierra

City State Zip Code  
Los Gatos CA 95030-6320

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

Name of Employer Occupation  
Good Samaritan Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 563.65

Date of Receipt  

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

**Transaction ID:** C807342

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **563.65**

**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 / 476  
(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)  
Gary Alan Alan Li

Mailing Address 215 Vista De Sierra

City State Zip Code  
Los Gatos CA 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 ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
11 / 23 / 2009

**Transaction ID: C808759**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy E E Lietz

Mailing Address 7331 Baltusrol

City State Zip Code  
Charlotte NC 28210-4923

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

Name of Employer Dr. Timothy E Lietz Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787015**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy E E Lietz

Mailing Address 7331 Baltusrol

City State Zip Code  
Charlotte NC 28210-4923

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

Name of Employer Dr. Timothy E Lietz Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787060**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **134.00**

**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 / 476  
(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)  
Timothy E E Lietz

Mailing Address 7331 Baltusrol

City State Zip Code  
Charlotte NC 28210-4923

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

Name of Employer  
Dr. Timothy E Lietz

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787085**

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Timothy E E Lietz

Mailing Address 7331 Baltusrol

City State Zip Code  
Charlotte NC 28210-4923

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

Name of Employer  
Dr. Timothy E Lietz

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848534**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy E E Lietz

Mailing Address 7331 Baltusrol

City State Zip Code  
Charlotte NC 28210-4923

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

Name of Employer  
Dr. Timothy E Lietz

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
304.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848535**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.00**

**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 / 476  
(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)  
Timothy E E Lietz

Mailing Address 7331 Baltusrol

City State Zip Code  
Charlotte NC 28210-4923

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

Name of Employer Occupation  
Dr. Timothy E Lietz Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 304.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848536**

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
C Eric Lindborg

Mailing Address PO Box 96

City State Zip Code  
Kailua Kona HI 96745-0096

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

Name of Employer Occupation  
Kaiser Permanente Kona Clinic Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2009

**Transaction ID: C792243**

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Jo Linder

Mailing Address PO Box 8552

City State Zip Code  
Portland ME 04104-8552

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

Name of Employer Occupation  
Maine Med Ctr ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 13 / 2009

**Transaction ID: C791404**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1267.00**

**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 / 476

(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)  
Steven J J Lipsky, MD, FACEP  
Mailing Address 6721 N 62nd St

City State Zip Code  
Paradise Valley AZ 85253-4309

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

Name of Employer Occupation  
Paradise Valley Emerg Phys 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	9

Transaction ID: C802070

Amount of Each Receipt this Period

500.00
--------

**B.**

Full Name (Last, First, Middle Initial)  
Edward H H Lipton  
Mailing Address 1540 Wedgewood Rd

City State Zip Code  
Hillsborough CA 94010-7344

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

Name of Employer Occupation  
Dr. Edward H Lipton Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 563.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

Transaction ID: C761847

Amount of Each Receipt this Period

367.65
--------

**C.**

Full Name (Last, First, Middle Initial)  
Edward H H Lipton  
Mailing Address 1540 Wedgewood Rd

City State Zip Code  
Hillsborough CA 94010-7344

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

Name of Employer Occupation  
Dr. Edward H Lipton Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 563.65

Date of Receipt

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

Transaction ID: C807247

Amount of Each Receipt this Period

96.00
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**SUBTOTAL** of Receipts This Page (optional) .....

963.65
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 221 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Darren S S Lisse		Date of Receipt MM / DD / YYYY 10 / 24 / 2009		
	Mailing Address 2806 Mustang Dr		<b>Transaction ID:</b> C796647		
	City Herndon	State VA	Zip Code 20171-3532	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Emer Med Assoc	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Todd M M Listwa		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 1100 Sedgefield Rd # 1		<b>Transaction ID:</b> C787025		
	City Charlotte	State NC	Zip Code 28209-1230	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEMA	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Todd M M Listwa		Date of Receipt MM / DD / YYYY 09 / 30 / 2009		
	Mailing Address 1100 Sedgefield Rd # 1		<b>Transaction ID:</b> C787050		
	City Charlotte	State NC	Zip Code 28209-1230	Amount of Each Receipt this Period 21.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MEMA	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 252.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1042.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 222 / 476  
(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) Todd M M Listwa		Date of Receipt MM / DD / YYYY 09 / 30 / 2009
Mailing Address 1100 Sedgefield Rd # 1		<b>Transaction ID:</b> C787083
City Charlotte	State NC	Zip Code 28209-1230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

**B.**

Full Name (Last, First, Middle Initial) Todd M M Listwa		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 1100 Sedgefield Rd # 1		<b>Transaction ID:</b> C848537
City Charlotte	State NC	Zip Code 28209-1230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

**C.**

Full Name (Last, First, Middle Initial) Todd M M Listwa		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 1100 Sedgefield Rd # 1		<b>Transaction ID:</b> C848538
City Charlotte	State NC	Zip Code 28209-1230
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 21.00
Name of Employer MEMA	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	63.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 223 / 476  
(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)  
Todd M M Listwa

Mailing Address 1100 Sedgefield Rd  
# 1

City State Zip Code  
Charlotte NC 28209-1230

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 ▼  
252.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848539**

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)  
Harry Marette Marette Little

Mailing Address 294 Holly Ln

City State Zip Code  
Mocksville NC 27028-2907

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 ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787034**

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Harry Marette Marette Little

Mailing Address 294 Holly Ln

City State Zip Code  
Mocksville NC 27028-2907

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 ▼  
240.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787053**

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **61.00**

**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 / 476  
(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)  
Harry Marette Marette Little

Mailing Address 294 Holly Ln

City Mocksville State NC Zip Code 27028-2907

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

Name of Employer: Mid Atlantic Emer Med Ass-oc  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787070**  
Amount of Each Receipt this Period: 20.00

**B.**

Full Name (Last, First, Middle Initial)  
Harry Marette Marette Little

Mailing Address 294 Holly Ln

City Mocksville State NC Zip Code 27028-2907

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

Name of Employer: Mid Atlantic Emer Med Ass-oc  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848290**  
Amount of Each Receipt this Period: 20.00

**C.**

Full Name (Last, First, Middle Initial)  
Harry Marette Marette Little

Mailing Address 294 Holly Ln

City Mocksville State NC Zip Code 27028-2907

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

Name of Employer: Mid Atlantic Emer Med Ass-oc  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848291**  
Amount of Each Receipt this Period: 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 60.00

**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 / 476  
(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)  
Harry Marette Marette Little

Mailing Address 294 Holly Ln

City State Zip Code  
Mocksville NC 27028-2907

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 ▼ 240.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848292**  
 Amount of Each Receipt this Period: 20.00

**B.** Full Name (Last, First, Middle Initial)  
S Thomas Lloyd

Mailing Address 2116 Sagamore Rd

City State Zip Code  
Akron OH 44313-4531

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

Name of Employer: Akron General Med Ctr ED  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 11 / 30 / 2009  
**Transaction ID: C810260**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Luis F F Lobon

Mailing Address 47 Arlington Rd

City State Zip Code  
Chestnut Hill MA 02467-2612

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

Name of Employer: Cambridge Hospital/CHA  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 10 / 03 / 2009  
**Transaction ID: C802051**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 520.00

**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 / 476  
(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)  
Robert D D Londeree, III  
Mailing Address 4112 N 50th PI

City State Zip Code  
Phoenix AZ 85018-4413

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

Name of Employer Scottsdale Healthcare Osborn  
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  
 07 / 22 / 2009  
**Transaction ID: C760018**  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael B B Longley  
Mailing Address 5804 Cruiser Way

City State Zip Code  
Tampa FL 33615-4215

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

Name of Employer Dr. Michael B Longley  
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  
 07 / 30 / 2009  
**Transaction ID: C761817**  
 Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Scott D D Lopata  
Mailing Address 5409 E Butte Canyon Dr

City State Zip Code  
Cave Creek AZ 85331-9336

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

Name of Employer Dr. Scott D Lopata  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 07 / 30 / 2009  
**Transaction ID: C761809**  
 Amount of Each Receipt this Period 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2367.65**

**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 / 476  
(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)  
Scott D D Lopata

Mailing Address 5409 E Butte Canyon Dr

City State Zip Code  
Cave Creek AZ 85331-9336

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

Name of Employer  
Dr. Scott D Lopata

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807112

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Keith E E Loring

Mailing Address 206 Hoffman Ave

City State Zip Code  
San Francisco CA 94114-3128

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 ▼  
463.65

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761837

Amount of Each Receipt this Period  
367.65

**C.**

Full Name (Last, First, Middle Initial)  
Keith E E Loring

Mailing Address 206 Hoffman Ave

City State Zip Code  
San Francisco CA 94114-3128

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 ▼  
463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807198

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **559.65**

**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 / 476  
(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)  
Christopher H H Louisell

Mailing Address 214 Cedar St

City State Zip Code  
Red Bluff CA 96080-2706

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

Name of Employer Shasta Emerg Med Grp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761842

Amount of Each Receipt this Period  
367.65

**B.** Full Name (Last, First, Middle Initial)  
Christopher H H Louisell

Mailing Address 214 Cedar St

City State Zip Code  
Red Bluff CA 96080-2706

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

Name of Employer Shasta Emerg Med Grp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: C807123

Amount of Each Receipt this Period  
96.00

**C.** Full Name (Last, First, Middle Initial)  
Michael Lozano, Jr

Mailing Address 4824 Longwater Way

City State Zip Code  
Tampa FL 33615-4216

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761725

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **713.65**

**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 / 476  
(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)  
Thomas Andrew Andrew Lukaszczyk

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 ▼ 463.65

Date of Receipt 07 / 30 / 2009  
**Transaction ID: C761826**  
 Amount of Each Receipt this Period 367.65

**B.** Full Name (Last, First, Middle Initial)  
Thomas Andrew Andrew Lukaszczyk

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 ▼ 463.65

Date of Receipt 11 / 18 / 2009  
**Transaction ID: C815095**  
 Amount of Each Receipt this Period 96.00

**C.** Full Name (Last, First, Middle Initial)  
Thomas W 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 MetroHealth Medical Center Occupation physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 845.00

Date of Receipt 10 / 13 / 2009  
**Transaction ID: C791377**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **483.65**

**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 230 / 476  
(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)  
Sharon E E Mace

Mailing Address 11961 Laurel Rd

City State Zip Code  
Chesterland OH 44026-1757

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Cleveland Clinic ED 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  
10 / 06 / 2009

**Transaction ID:** C789511

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Ricardo Machado

Mailing Address 886 Polaris Crossing Blvd

City State Zip Code  
Westerville OH 43081-8974

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Emer Med Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
12 / 11 / 2009

**Transaction ID:** C815137

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Mark L L Mackey

Mailing Address Univ of IL C(H) - Room 1600  
1740 W Taylor St # 722

City State Zip Code  
Chicago IL 60612-7232

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Univ of IL C(H) - Room 16-00 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  
10 / 06 / 2009

**Transaction ID:** C789479

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 231 / 476  
(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)  
Thomas C C Madden

Mailing Address 6195 Deerwood Dr

City State Zip Code  
Greenwood IN 46143-9159

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

Name of Employer Occupation  
Bloomington Hosp ED 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  
07 / 27 / 2009

Transaction ID: C761154

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)  
Mark L L Mandell

Mailing Address 43 Yacht Club Dr

City State Zip Code  
Lake Hopatcong NJ 07849-1313

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

Name of Employer Occupation  
EMA of NJ 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  
10 / 13 / 2009

Transaction ID: C791393

Amount of Each Receipt this Period

700.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric Matthew Maniago

Mailing Address 475 Seaview Ave  
Apt 3B

City State Zip Code  
Staten Island NY 10305-3436

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

Name of Employer Occupation  
Staten Island Univ Hosp ED 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  
07 / 23 / 2009

Transaction ID: C760137

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 232 / 476  
(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)  
Eric Matthew Matthew Maniago

Mailing Address 475 Seaview Ave  
Apt 3B

City Staten Island State NY Zip Code 10305-3436

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

Name of Employer: Staten Island Univ Hosp ED Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 10 / 03 / 2009  
Transaction ID: C802042  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Francisco C C Mappala

Mailing Address 714 Cirencester Ave

City Middlesboro State KY Zip Code 40965-2141

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

Name of Employer: Middlesboro Community Hosp Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 30 / 2009  
Transaction ID: C798730  
Amount of Each Receipt this Period: 500.00

**C.** Full Name (Last, First, Middle Initial)  
Nelly Ann Ann Marcano

Mailing Address 6108 Chene Ct

City Lutz State FL Zip Code 33558-2848

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

Name of Employer: Dr. Nelly Ann Marcano Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761863  
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 233 / 476  
(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)  
Gary Gerard Gerard March

Mailing Address 10643 Arbour Dr

City State Zip Code  
Brighton MI 48114-9095

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

Name of Employer Occupation  
Providence Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 22 / 2009

Transaction ID: C760004

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Oscar Marcilla

Mailing Address 35 William Place

City State Zip Code  
Glen Rock NJ 07452-3210

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

Name of Employer Occupation  
Emergency Medical Associates Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 24 / 2009

Transaction ID: C770582

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Catherine Anna Anna Marco

Mailing Address 7129 Jamesford Dr

City State Zip Code  
Toledo OH 43617-1370

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

Name of Employer Occupation  
Univ of Toledo Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 08 / 2009

Transaction ID: C790772

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 234 / 476  
(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)  
Catherine Anna 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 Univ of Toledo Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 12 / 02 / 2009

**Transaction ID: C811631**

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Otto J J Marquez

Mailing Address 7011 Lakewood Blvd

City Dallas State TX Zip Code 75214-3559

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

Name of Employer Emer Med Consultants Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 10 / 24 / 2009

**Transaction ID: C796671**

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel R R Martin

Mailing Address 5981 Weathered Oak Ct

City Westerville State OH Zip Code 43082-8304

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

Name of Employer Ohio State Univ Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2009

**Transaction ID: C789504**

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 235 / 476  
(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)  
James F F Martin

Mailing Address 7 Buttonwood Ln E

City State Zip Code  
Rumson NJ 07760-1009

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

Name of Employer Occupation  
Womack Army Med Ctr 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 5 / 2 0 0 9

**Transaction ID: C818086**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Ricardo Martinez

Mailing Address 2828 cravey drive ne

City State Zip Code  
atlanta GA 30345-1420

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

Name of Employer Occupation  
the schumacher group executive

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 9 / 2 0 0 9

**Transaction ID: C785492**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
John A A Marx

Mailing Address PO Box 32861  
Carolinas Medical Ctr

City State Zip Code  
Charlotte NC 28232-2861

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

Name of Employer Occupation  
Carolinas Medical Ctr 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 8 / 2 0 0 9

**Transaction ID: C761219**

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 236 / 476  
(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)  
David Mason

Mailing Address 4514 Charlestowne Manor Dr

City State Zip Code  
Charlotte NC 28211-3184

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

Name of Employer Occupation  
PEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

**Transaction ID:** C760033

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Lee Lee Mason

Mailing Address 19207 Stableford Ln

City State Zip Code  
Cornelius NC 28031-5243

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

Name of Employer Occupation  
Mid-Atlantic Emerg Med Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787819

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Timothy Matlack Jr

Mailing Address 3398 Crestwood Circle

City State Zip Code  
Cuyahoga Falls OH 44223

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

Name of Employer Occupation  
Stark County Emergency Physicians Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 24 / 2009

**Transaction ID:** C770581

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 237 / 476  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)  
Bonnie B B Matthaeus

Mailing Address PO Box 7270

City State Zip Code  
Wilmington DE 19803-0270

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

Name of Employer Occupation  
Med Ctr of Delaware ED Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 3 / 2 0 0 9

**Transaction ID:** C791370

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Angela F F Mattké

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

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

Name of Employer Occupation  
NE Tower Ste 2100 Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

**Transaction ID:** C787881

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Angela F F Mattké

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code  
Mableton GA 30126-5612

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

Name of Employer Occupation  
NE Tower Ste 2100 Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

**Transaction ID:** C810218

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 238 / 476  
(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)  
Angela F F Mattko

Mailing Address 1080 Pebblebrook Rd SE

City Mableton State GA Zip Code 30126-5612

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

Name of Employer NE Tower Ste 2100 Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839096

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth P P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City Edgewater State MD Zip Code 21037-4700

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

Name of Employer Anne Arundel Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
08 / 24 / 2009

**Transaction ID:** C770586

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Elizabeth P P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City Edgewater State MD Zip Code 21037-4700

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

Name of Employer Anne Arundel Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787882

Amount of Each Receipt this Period 300.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 239 / 476  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Elizabeth P P Maxwell-Schmidt</p> <p>Mailing Address 3509 Marthas Vineyard Way</p> <p>City State Zip Code <u>Edgewater</u> MD 21037-4700</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Anne Arundel Med Ctr      Occupation: Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">11 / 30 / 2009</span></p> <p><b>Transaction ID:</b> C810221</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
---	--

<p><b>B.</b> Full Name (Last, First, Middle Initial) Elizabeth P P Maxwell-Schmidt</p> <p>Mailing Address 3509 Marthas Vineyard Way</p> <p>City State Zip Code <u>Edgewater</u> MD 21037-4700</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Anne Arundel Med Ctr      Occupation: Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">1000.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">12 / 31 / 2009</span></p> <p><b>Transaction ID:</b> C839098</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p>
---	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) C L L McArthur, III</p> <p>Mailing Address 11 Cardiff</p> <p>City State Zip Code <u>Laguna Niguel</u> CA 92677-2936</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Desert Regl Med Ctr      Occupation: Emergency Physician</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">404.33</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">10 / 19 / 2009</span></p> <p><b>Transaction ID:</b> C793996</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">83.33</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">683.33</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 240 / 476

(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)  
C L L McArthur, III

Mailing Address 11 Cardiff

City Laguna Niguel State CA Zip Code 92677-2936

FEC ID number of contributing federal political committee. C

Name of Employer Desert Regl Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 404.33

Date of Receipt MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807202

Amount of Each Receipt this Period 96.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph T T McCaslin

Mailing Address 16402 Ridgmont St

City Omaha State NE Zip Code 68136-4020

FEC ID number of contributing federal political committee. C

Name of Employer Meth Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY  
07 / 03 / 2009

**Transaction ID:** C747007

Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
David S 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 ▼ 1000.00

Date of Receipt MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789528

Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... 1346.00

**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 241 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael McCrea		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9		
	Mailing Address 2017 Lexington Dr		<b>Transaction ID:</b> C798728		
	City Perrysburg	State OH	Zip Code 43551-5449	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Lucas County Emergency Ph- ys	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 1000.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) John McDermott		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 8 / 2 0 0 9		
	Mailing Address 1007 Shote Dr		<b>Transaction ID:</b> C797467		
	City Brielle	State NJ	Zip Code 08730	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. John McDermott	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 350.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard M M McDowell		Date of Receipt M M / D D / Y Y Y Y Y 0 7 / 3 0 / 2 0 0 9		
	Mailing Address 75-816 #D Hiona St		<b>Transaction ID:</b> C761770		
	City Holualoa	State HI	Zip Code 96725-9601	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Island Emer Med Svc	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 875.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1225.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 242 / 476  
(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)  
Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City State Zip Code  
Holualoa HI 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 ▼ 875.00

Date of Receipt: MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789513

Amount of Each Receipt this Period: 300.00

**B.** Full Name (Last, First, Middle Initial)  
Richard M M McDowell

Mailing Address 75-816 #D Hiona St

City State Zip Code  
Holualoa HI 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 ▼ 875.00

Date of Receipt: MM / DD / YYYY  
12 / 29 / 2009

**Transaction ID:** C820328

Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
James A A McEnrue

Mailing Address 1118 Garden St

City State Zip Code  
Hoboken NJ 07030-4305

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 ▼ 400.00

Date of Receipt: MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID:** C812393

Amount of Each Receipt this Period: 100.00

**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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 476  
(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)  
Mara Ann Ann McErlean

Mailing Address 47 New Scotland Ave

City Albany State NY Zip Code 12208-3412

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

Name of Employer Albany 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 0 / 0 3 / 2 0 0 9

Transaction ID: C802079

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Douglas L L McGee

Mailing Address Box 174

City Birchrunville State PA Zip Code 19421-0174

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

Name of Employer Albert Einstein Med Ctr/ PCOM Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761738

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas L L McGee

Mailing Address Box 174

City Birchrunville State PA Zip Code 19421-0174

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

Name of Employer Albert Einstein Med Ctr/ PCOM Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 475.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802050

Amount of Each Receipt this Period

100.00

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

475.00

**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 244 / 476  
(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)  
Dennis Lucas 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 ▼ 1100.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

**Transaction ID:** C761735

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dennis Lucas 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 ▼ 1100.00

Date of Receipt  

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

**Transaction ID:** C787873

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Martin McGreivy

Mailing Address 7108 Exfair Rd

City Bethesda State MD Zip Code 20814-5503

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

Name of Employer Montgomery 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	7	/	2	8	/	2	0	0	9

**Transaction ID:** C761227

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 245 / 476  
(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)  
Christine C McKain

Mailing Address 261 Brookside Dr

City State Zip Code  
Piketon OH 45661-9079

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

Name of Employer Occupation  
Pike Community Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 05 / 2009

**Transaction ID:** C776702

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
William G G McKinnon

Mailing Address PO Box 6002

City State Zip Code  
Grand Forks ND 58206-6002

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

Name of Employer Occupation  
Altru Hosp ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** C796668

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Ronald K K McLearn

Mailing Address 3626 Hathaway Rd

City State Zip Code  
Durham NC 27707-5139

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

Name of Employer Occupation  
Durham Emergency Physicians PA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

**Transaction ID:** C759976

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 246 / 476

(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)  
John M M McMahon, Jr

Mailing Address 1419 6th St

City State Zip Code  
Daphne AL 36526-4465

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

Name of Employer Occupation  
Springhill Emer Phys PC Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2009

Transaction ID: C749634

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
John M M McMahon, Jr

Mailing Address 1419 6th St

City State Zip Code  
Daphne AL 36526-4465

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

Name of Employer Occupation  
Springhill Emer Phys PC Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 05 / 2009

Transaction ID: C788974

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Monica M M McMillan

Mailing Address 4027 Sisteron Ct

City State Zip Code  
Merced CA 95348-9540

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

Name of Employer Occupation  
Mercy Med Ctr Merced Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 346.00

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2009

Transaction ID: C807191

Amount of Each Receipt this Period  
96.00

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

1196.00

**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 247 / 476

(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)  
Richard S S McMonigal

Mailing Address 3610 45th St NE

City State Zip Code  
Tacoma WA 98422-2293

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

Name of Employer Occupation  
Auburn General Hosp 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  
07 / 28 / 2009

Transaction ID: C761292

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Brandon L L Mednick

Mailing Address 215 Scenic Pass

City State Zip Code  
Fayetteville GA 30215-8117

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

Name of Employer Occupation  
Dr. Brandon L Mednick 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  
11 / 12 / 2009

Transaction ID: C804570

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City State Zip Code  
Greenville NC 27858-8635

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

Name of Employer Occupation  
Emerg Med, PCMH, 3ED-311 Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1017.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761733

Amount of Each Receipt this Period  
85.00

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

1085.00

**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 248 / 476  
(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) William Joel Joel Meggs		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Mailing Address 103 Hidden Hills Dr		<b>Transaction ID:</b> C773691
City Greenville	State NC	Zip Code 27858-8635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1017.00	

**B.**

Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt MM / DD / YYYY 09 / 28 / 2009
Mailing Address 103 Hidden Hills Dr		<b>Transaction ID:</b> C785391
City Greenville	State NC	Zip Code 27858-8635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1017.00	

**C.**

Full Name (Last, First, Middle Initial) William Joel Joel Meggs		Date of Receipt MM / DD / YYYY 10 / 04 / 2009
Mailing Address 103 Hidden Hills Dr		<b>Transaction ID:</b> C787869
City Greenville	State NC	Zip Code 27858-8635
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 84.00
Name of Employer Emerg Med, PCMH, 3ED-311	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1017.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>254.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 249 / 476  
(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)  
William Joel Joel Meggs  
Mailing Address 103 Hidden Hills Dr  
City Greenville State NC Zip Code 27858-8635  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emerg Med, PCMH, 3ED-311 Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1017.00  
Date of Receipt 11 / 30 / 2009  
Transaction ID: C810211  
Amount of Each Receipt this Period 84.00

**B.** Full Name (Last, First, Middle Initial)  
William Joel Joel Meggs  
Mailing Address 103 Hidden Hills Dr  
City Greenville State NC Zip Code 27858-8635  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Emerg Med, PCMH, 3ED-311 Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1017.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: C839103  
Amount of Each Receipt this Period 84.00

**C.** Full Name (Last, First, Middle Initial)  
John J J Meharg  
Mailing Address 738 Ashbury St  
City San Francisco State CA Zip Code 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 ▼ 563.65  
Date of Receipt 07 / 30 / 2009  
Transaction ID: C761831  
Amount of Each Receipt this Period 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 535.65  
**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 250 / 476  
(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)  
John J 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 ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
08 / 04 / 2009

**Transaction ID:** C763242

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
John J 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 ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C807355

Amount of Each Receipt this Period  
96.00

**C.**

Full Name (Last, First, Middle Initial)  
Helmut W W Meisl

Mailing Address 130 Stadler Dr

City State Zip Code  
Woodside CA 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 ▼ 296.00

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID:** C815087

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **292.00**

**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 251 / 476  
(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)  
Jeffrey S S Menkes

Mailing Address 465 Buckland Hills Dr #23112  
Apt 23112

City State Zip Code  
Manchester CT 06042-9110

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

Name of Employer Occupation  
St Francis Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2009

Transaction ID: C761223

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey S S Menkes

Mailing Address 465 Buckland Hills Dr #23112  
Apt 23112

City State Zip Code  
Manchester CT 06042-9110

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

Name of Employer Occupation  
St Francis Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 23 / 2009

Transaction ID: C782468

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey S S Menkes

Mailing Address 465 Buckland Hills Dr #23112  
Apt 23112

City State Zip Code  
Manchester CT 06042-9110

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

Name of Employer Occupation  
St Francis Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 22 / 2009

Transaction ID: C796480

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 252 / 476  
(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
							17

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

**A.**

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code  
Chatsworth NJ 08019-9711

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761728

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code  
Chatsworth NJ 08019-9711

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773699

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code  
Chatsworth NJ 08019-9711

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785396

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 253 / 476  
(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)

Jacob Mark Mark Meredith, III

Mailing Address 1231A Rt 532

City State Zip Code  
Chatsworth NJ 08019-9711

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

Name of Employer Occupation  
Cmnty Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1150.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	9

Transaction ID: C802034

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 21209-4421

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

Name of Employer Occupation  
EmCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C776071

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 21209-4421

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

Name of Employer Occupation  
EmCare Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

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

Transaction ID: C787874

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

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Detailed Summary Page

FOR LINE NUMBER: PAGE 254 / 476  
(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)  
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** C810245

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
David L L Meyers

Mailing Address 2301 Ken Oak Rd

City State Zip Code  
Baltimore MD 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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839109

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
William B B Michelson

Mailing Address 35 Sawbuck Rd

City State Zip Code  
Reno NV 89519-8003

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

Name of Employer Reno Emer Phys Assoc Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 17 / 2009

**Transaction ID:** C768699

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 476  
(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)  
Richard A A Midthun  
Mailing Address 29359 Wagon Rd  
City Agoura State CA Zip Code 91301-2737  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Los Robles Medical Center Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 07 / 22 / 2009  
Transaction ID: C760009  
Amount of Each Receipt this Period 3000.00

**B.** Full Name (Last, First, Middle Initial)  
Marc A Milano  
Mailing Address 18 Rowland Drive  
City Hillsborough State NJ Zip Code 08844-4061  
FEC ID number of contributing federal political committee. **C**  
Name of Employer EMA Emergency Medical Associates Occupation EM Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 225.00  
Date of Receipt 09 / 30 / 2009  
Transaction ID: C785588  
Amount of Each Receipt this Period 225.00

**C.** Full Name (Last, First, Middle Initial)  
David A A Milbrandt  
Mailing Address 11111 Ironwood Ave N  
City West Lakeland State MN Zip Code 55082-5068  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fairview Lakes Hosp Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 03 / 2009  
Transaction ID: C802061  
Amount of Each Receipt this Period 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4225.00  
**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 256 / 476  
(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)  
Calvin J J Miller

Mailing Address 205 Upper Godfrey Dr

City Leechburg State PA Zip Code 15656-7230

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

Name of Employer EMP of Alle-Kiski Med Ctr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2009

Transaction ID: C792407

Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
John S 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 ▼ 750.01

Date of Receipt 07 / 30 / 2009

Transaction ID: C761749

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
John S 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 ▼ 750.01

Date of Receipt 08 / 28 / 2009

Transaction ID: C773694

Amount of Each Receipt this Period 83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1166.66

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

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

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

FOR LINE NUMBER: PAGE 257 / 476  
(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)  
John S S Milne

Mailing Address 530 Wilderness Peak Dr NW

City State Zip Code  
Issaquah WA 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 ▼ 750.01

Date of Receipt  
M M / D D / Y Y Y Y Y  
09 / 28 / 2009

**Transaction ID: C785398**

Amount of Each Receipt this Period  
83.37

**B.** Full Name (Last, First, Middle Initial)  
James C C Mitchiner

Mailing Address 1265 Barrister Rd

City State Zip Code  
Ann Arbor MI 48105-2821

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

Name of Employer St Joseph Mercy Hosp ED      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  
10 / 03 / 2009

**Transaction ID: C802073**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Kevin Monfette

Mailing Address 2954 Island Point Dr

City State Zip Code  
Metamora MI 48455-9625

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

Name of Employer St Joseph Mercy Oakland 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  
07 / 30 / 2009

**Transaction ID: C761721**

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **833.37**

**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 258 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Kevin Monfette

Mailing Address 2954 Island Point Dr

City State Zip Code  
Metamora MI 48455-9625

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

Name of Employer St Joseph Mercy Oakland Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2009

**Transaction ID:** C798605

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey Alan Alan Moore

Mailing Address 1200 Founders Lake Dr

City State Zip Code  
Athens GA 30606-7640

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

Name of Employer GA Emer Med Spec  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785429

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
John C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City State Zip Code  
Portland OR 97239-4110

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

Name of Employer Oregon Hlth Sci Univ CDW-EM  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761743

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 259 / 476  
(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)  
John C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City State Zip Code  
Portland OR 97239-4110

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

Name of Employer Occupation  
Oregon Hlth Sci Univ CDW-EM Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
10 / 29 / 2009

Transaction ID: C798600

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Gregory J J Moran

Mailing Address 14445 Olive View Dr N Annex

City State Zip Code  
Sylmar CA 91342-1437

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

Name of Employer Occupation  
Olive View/UCLA Med Ctr, DEM Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

Transaction ID: C760007

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Dexter L L Morris

Mailing Address 5 Moore Dr MAIC 4497

City State Zip Code  
Durham NC 27709-0143

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

Name of Employer Occupation  
GlaxoSmithKline Emergency Physician

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

Date of Receipt  
MM / DD / YYYY  
08 / 06 / 2009

Transaction ID: C764037

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 260 / 476

(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)  
John B B Moskow

Mailing Address 2201 Plumbrook Dr

City	State	Zip Code
Austin	TX	78746-6233

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

Name of Employer Emer Svc Prtnrs La Costa Ctr	Occupation Emergency Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789502

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
John B B Moskow

Mailing Address 2201 Plumbrook Dr

City	State	Zip Code
Austin	TX	78746-6233

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

Name of Employer Emer Svc Prtnrs La Costa Ctr	Occupation Emergency Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00
---	-------------------------------------

Date of Receipt

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

Transaction ID: C809615

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Matthew B B Mostofi

Mailing Address 46 Frothingham St

City	State	Zip Code
Milton	MA	02186-3317

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

Name of Employer New England Med Ctr	Occupation Emergency Physician
---	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802049

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 261 / 476  
(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)  
William Ray 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 ▼ 463.64

Date of Receipt: MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761878

Amount of Each Receipt this Period: 367.64

**B.** Full Name (Last, First, Middle Initial)  
William Ray 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 ▼ 463.64

Date of Receipt: MM / DD / YYYY  
11 / 18 / 2009

Transaction ID: C807146

Amount of Each Receipt this Period: 96.00

**C.** Full Name (Last, First, Middle Initial)  
Alvin J J Murn

Mailing Address 107 Rutan Ct

City State Zip Code  
Mooresville NC 28117-8497

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 ▼ 500.00

Date of Receipt: MM / DD / YYYY  
07 / 23 / 2009

Transaction ID: C760126

Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **963.64**

**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 262 / 476  
(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)  
Carla Elizabeth Elizabeth Murphy

Mailing Address 1196 Preserve Cir

City State Zip Code  
Golden CO 80401-7045

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

Name of Employer Occupation  
Emer Svc Phys PC 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 6 / 2 0 0 9

**Transaction ID:** C789488

Amount of Each Receipt this Period  
1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel G G Murphy

Mailing Address 36 Huntington Rd

City State Zip Code  
Garden City NY 11530-3102

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

Name of Employer Occupation  
Long Island Emerg Care PC 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 Y  
0 7 / 3 0 / 2 0 0 9

**Transaction ID:** C761761

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel G G Murphy

Mailing Address 36 Huntington Rd

City State Zip Code  
Garden City NY 11530-3102

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

Name of Employer Occupation  
Long Island Emerg Care PC 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 Y  
1 0 / 0 4 / 2 0 0 9

**Transaction ID:** C787814

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 263 / 476

(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)  
Matthew T T Murray

Mailing Address 205 N 33rd St

City State Zip Code  
Colorado Springs CO 80904-1411

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

Name of Employer Occupation  
Mem Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2009

Transaction ID: C749615

Amount of Each Receipt this Period  
300.00

**B.**

Full Name (Last, First, Middle Initial)  
Jason A A Mutch

Mailing Address 18210 Nautique Dr

City State Zip Code  
Cornelius NC 28031-7621

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787028

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Jason A A Mutch

Mailing Address 18210 Nautique Dr

City State Zip Code  
Cornelius NC 28031-7621

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787043

Amount of Each Receipt this Period  
17.00

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

334.00

**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 264 / 476  
(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)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City State Zip Code  
Cornelius NC 28031-7621

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787076

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City State Zip Code  
Cornelius NC 28031-7621

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2009

Transaction ID: C848294

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)

Jason A A Mutch

Mailing Address 18210 Nautique Dr

City State Zip Code  
Cornelius NC 28031-7621

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2009

Transaction ID: C848295

Amount of Each Receipt this Period  
17.00

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

51.00

**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 265 / 476  
(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)  
Jason A A Mutch

Mailing Address 18210 Nautique Dr

City State Zip Code  
Cornelius NC 28031-7621

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

Name of Employer Occupation  
Mid-Atlantic Emer Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848296

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
John H H Myers

Mailing Address 7505 Primrose Dr

City State Zip Code  
Irving TX 75063-8435

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

Name of Employer Occupation  
Questcare Partners Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789484

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Michael E E Myers

Mailing Address 2200 Randallia Dr  
Pro Emer Phys Inc

City State Zip Code  
Ft Wayne IN 46805-4638

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

Name of Employer Occupation  
Pro Emer Phys Inc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

**Transaction ID:** C760015

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1267.00**

**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 266 / 476

(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)  
Elaine Nelson

Mailing Address 1963 Fallen Leaf Ln

City State Zip Code  
Los Altos CA 94024-7207

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

Name of Employer Occupation  
Dr. Elaine Nelson Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 563.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761849

Amount of Each Receipt this Period

367.65

**B.**

Full Name (Last, First, Middle Initial)  
Elaine Nelson

Mailing Address 1963 Fallen Leaf Ln

City State Zip Code  
Los Altos CA 94024-7207

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

Name of Employer Occupation  
Dr. Elaine Nelson Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 563.65

Date of Receipt

M M / D D / Y Y Y Y  
09 / 01 / 2009

Transaction ID: C775476

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Elaine Nelson

Mailing Address 1963 Fallen Leaf Ln

City State Zip Code  
Los Altos CA 94024-7207

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

Name of Employer Occupation  
Dr. Elaine Nelson Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 563.65

Date of Receipt

M M / D D / Y Y Y Y  
11 / 18 / 2009

Transaction ID: C807259

Amount of Each Receipt this Period

96.00

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

563.65

**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 267 / 476  
(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) Ira R R Nemeth		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address Unit A 1408 Vermont St		<b>Transaction ID:</b> C761716
City Houston	State TX	Zip Code 77006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

**B.**

Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt MM / DD / YYYY 08 / 28 / 2009
Mailing Address Unit A 1408 Vermont St		<b>Transaction ID:</b> C773682
City Houston	State TX	Zip Code 77006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

**C.**

Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt MM / DD / YYYY 09 / 28 / 2009
Mailing Address Unit A 1408 Vermont St		<b>Transaction ID:</b> C785399
City Houston	State TX	Zip Code 77006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 150.00
Name of Employer Dr. Ira R Nemeth	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1650.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	450.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 268 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt MM / DD / YYYY 10 / 04 / 2009		
	Mailing Address Unit A 1408 Vermont St		<b>Transaction ID:</b> C787867		
	City Houston	State TX	Zip Code 77006	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Ira R Nemeth		Occupation Emergency Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt MM / DD / YYYY 11 / 30 / 2009		
	Mailing Address Unit A 1408 Vermont St		<b>Transaction ID:</b> C810226		
	City Houston	State TX	Zip Code 77006	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Ira R Nemeth		Occupation Emergency Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Ira R R Nemeth		Date of Receipt MM / DD / YYYY 12 / 31 / 2009		
	Mailing Address Unit A 1408 Vermont St		<b>Transaction ID:</b> C839123		
	City Houston	State TX	Zip Code 77006	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Ira R Nemeth		Occupation Emergency Physician		
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1650.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 269 / 476  
(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)  
Mark William William Nesbit

Mailing Address 1442 Bluewater Rd

City Harrisonburg State VA Zip Code 22801-8645

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

Name of Employer Dr. Mark William Nesbit Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 22 / 2009

Transaction ID: C760006

Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Mark William William Nesbit

Mailing Address 1442 Bluewater Rd

City Harrisonburg State VA Zip Code 22801-8645

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

Name of Employer Dr. Mark William Nesbit Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 04 / 2009

Transaction ID: C776691

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Timothy P 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 ▼ 563.65

Date of Receipt 07 / 30 / 2009

Transaction ID: C761875

Amount of Each Receipt this Period 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► 967.65

**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 270 / 476  
(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)  
Timothy P P Nesper

Mailing Address 1222 Llano

City State Zip Code  
San Clemente CA 92673-4035

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

Name of Employer Occupation  
CA Emer Phys Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 563.65

Date of Receipt  
MM / DD / YYYY  
11 / 18 / 2009

**Transaction ID: C807183**

Amount of Each Receipt this Period  
96.00

**B.**

Full Name (Last, First, Middle Initial)  
Vivien Newbold

Mailing Address 509 Graham School Rd

City State Zip Code  
Gallipolis OH 45631-9133

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

Name of Employer Occupation  
Dr. Vivien Newbold Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
09 / 09 / 2009

**Transaction ID: C778385**

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Douglas Edward Edward Newton

Mailing Address 7320 N Canyon View PR NE

City State Zip Code  
Benton City WA 99320-9582

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

Name of Employer Occupation  
Dr. Douglas Edward Newton Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2009

**Transaction ID: C775371**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **296.00**

**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 271 / 476  
(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)  
Ryan K K Ngiam

Mailing Address 4919 Pepelani Loop # 8C

City State Zip Code  
Princeville HI 96722-5357

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

Name of Employer Occupation  
Kauai Vet Meml Hosp 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 / 1 2 / 2 0 0 9

Transaction ID: C804561

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Phong Nguyen

Mailing Address 543 Acacia Ct

City State Zip Code  
Redlands CA 92373-5667

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

Name of Employer Occupation  
California Emerg Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761814

Amount of Each Receipt this Period

367.65

**C.**

Full Name (Last, First, Middle Initial)  
Phong Nguyen

Mailing Address 543 Acacia Ct

City State Zip Code  
Redlands CA 92373-5667

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

Name of Employer Occupation  
California Emerg Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65

Date of Receipt

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

Transaction ID: C807221

Amount of Each Receipt this Period

96.00

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

713.65

**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 272 / 476  
(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)  
Thuan Nguyen

Mailing Address 247 W Swan Dr

City Chandler State AZ Zip Code 85286-7770

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

Name of Employer Dr. Thuan Nguyen Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 09 / 2009  
Transaction ID: C814910  
Amount of Each Receipt this Period 500.00

**B.** Full Name (Last, First, Middle Initial)  
Constance Gail Nichols

Mailing Address 8 Laurel St.

City Paxton State MA Zip Code 01612-1238

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

Name of Employer Umass Occupation physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 17 / 2009  
Transaction ID: C818376  
Amount of Each Receipt this Period 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City Angola State IN Zip Code 46703-8195

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

Name of Employer Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1149.99

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761763  
Amount of Each Receipt this Period 100.00

**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 273 / 476  
(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)  
Jeffrey R 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 Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1149.99

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID: C773685**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey R 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 Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1149.99

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID: C785395**

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey R 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 Pro Emer Phys Inc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1149.99

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID: C802026**

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 274 / 476  
(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)  
Jeffrey R 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 Occupation  
Pro Emer Phys Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1149.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810217

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Jeffrey R 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 Occupation  
Pro Emer Phys Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1149.99

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839095

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
David Nicker

Mailing Address 10503 Greensprings Dr

City State Zip Code  
Tampa FL 33626-1724

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

Name of Employer Occupation  
EMCARE Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: C760138

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 275 / 476  
(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)  
Leroy Nickles, Jr  
Mailing Address 166 Lynette Dr  
City Ft Lee State NJ Zip Code 07024-2106  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SoundShore Medical Center Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 08 / 28 / 2009  
Transaction ID: C773721  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Elliot S S Nipomnick  
Mailing Address 509 Woodland Rd  
City Kentfield State CA Zip Code 94904-2637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chinese Hosp Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 08 / 17 / 2009  
Transaction ID: C768696  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Elliot S S Nipomnick  
Mailing Address 509 Woodland Rd  
City Kentfield State CA Zip Code 94904-2637  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Chinese Hosp Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 300.00  
Date of Receipt 09 / 23 / 2009  
Transaction ID: C782466  
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 276 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Elliot S S Nipomnick

Mailing Address 509 Woodland Rd

City State Zip Code  
Kentfield CA 94904-2637

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

Name of Employer Occupation  
Chinese Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

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

Transaction ID: C820324

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City State Zip Code  
Charlotte NC 28226-8512

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

Name of Employer Occupation  
Dr. Jerry Dale Nix Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787024

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City State Zip Code  
Charlotte NC 28226-8512

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

Name of Employer Occupation  
Dr. Jerry Dale Nix Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787047

Amount of Each Receipt this Period  
21.00

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

142.00

**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 277 / 476  
(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)  
Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City State Zip Code  
Charlotte NC 28226-8512

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

Name of Employer Occupation  
Dr. Jerry Dale Nix Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787080

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)  
Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City State Zip Code  
Charlotte NC 28226-8512

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

Name of Employer Occupation  
Dr. Jerry Dale Nix Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C848301

Amount of Each Receipt this Period  
21.00

**C.**

Full Name (Last, First, Middle Initial)  
Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City State Zip Code  
Charlotte NC 28226-8512

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

Name of Employer Occupation  
Dr. Jerry Dale Nix Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 252.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C848302

Amount of Each Receipt this Period  
21.00

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

63.00

**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 278 / 476  
(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)  
Jerry Dale Nix

Mailing Address 8622 Briar Oak Ct

City State Zip Code  
Charlotte NC 28226-8512

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

Name of Employer Occupation  
Dr. Jerry Dale Nix Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848303**

Amount of Each Receipt this Period  
21.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Niziol

Mailing Address 2815 Kings Forest Dr

City State Zip Code  
Kingwood TX 77339-2450

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

Name of Employer Occupation  
Laredo Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID: C760991**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Charles Niziol

Mailing Address 2815 Kings Forest Dr

City State Zip Code  
Kingwood TX 77339-2450

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

Name of Employer Occupation  
Laredo Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2009

**Transaction ID: C788981**

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1021.00**

**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 279 / 476  
(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)  
Charles Niziol

Mailing Address 2815 Kings Forest Dr

City State Zip Code  
Kingwood TX 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 ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
12 / 02 / 2009

**Transaction ID:** C811641

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Terrence D D Noah, Jr

Mailing Address 3500 Gaston Ave

City State Zip Code  
Dallas TX 75246-2017

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

**Transaction ID:** C761228

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Terrence D D Noah, Jr

Mailing Address 3500 Gaston Ave

City State Zip Code  
Dallas TX 75246-2017

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 ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 22 / 2009

**Transaction ID:** C782301

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 280 / 476  
(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)  
Melinda Boye Boye Nolan

Mailing Address 32 Littleworth Rd

City State Zip Code  
Manahawkin NJ 08050-3008

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

Name of Employer Occupation  
EMCARE Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 28 / 2009

**Transaction ID:** C761237

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Joyce Norman

Mailing Address 5801 Laramie Ave

City State Zip Code  
Woodland Hills CA 91367-5527

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

Name of Employer Occupation  
Dr. Joyce Norman Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** C754956

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Ron Nutovits

Mailing Address 39 King Arthur Ct

City State Zip Code  
New City NY 10956-6353

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

Name of Employer Occupation  
Emergency Medical Associates Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785385

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 281 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Ron Nutovits

Mailing Address 39 King Arthur Ct

City State Zip Code  
New City NY 10956-6353

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

Name of Employer Occupation  
Emergency Medical Associates Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** C787006

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert E E O'Connor

Mailing Address 515 Foxdale Ln

City State Zip Code  
Charlottesville VA 22903-9201

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

Name of Employer Occupation  
Univ of VA Hlth Svc-Dept of EM Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789472

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary O'Neill

Mailing Address 28 Burnham St # 2 # 2

City State Zip Code  
Somerville MA 02144-1602

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

Name of Employer Occupation  
Milford-Whitinsville Reg Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 375.03

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761720

Amount of Each Receipt this Period  
41.67

**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 282 / 476  
(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)  
Mary O'Neill

Mailing Address 28 Burnham St # 2  
# 2

City State Zip Code  
Somerville MA 02144-1602

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

Name of Employer Milford-Whitinsville Reg Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

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

**Transaction ID:** C773693

Amount of Each Receipt this Period  
41.67

**B.** Full Name (Last, First, Middle Initial)  
Mary O'Neill

Mailing Address 28 Burnham St # 2  
# 2

City State Zip Code  
Somerville MA 02144-1602

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

Name of Employer Milford-Whitinsville Reg Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

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

**Transaction ID:** C785383

Amount of Each Receipt this Period  
41.67

**C.** Full Name (Last, First, Middle Initial)  
Mary O'Neill

Mailing Address 28 Burnham St # 2  
# 2

City State Zip Code  
Somerville MA 02144-1602

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

Name of Employer Milford-Whitinsville Reg Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

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

**Transaction ID:** C798594

Amount of Each Receipt this Period  
41.67

**SUBTOTAL** of Receipts This Page (optional) ..... ► **125.01**

**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 283 / 476  
(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)  
Mary O'Neill

Mailing Address 28 Burnham St # 2  
# 2

City State Zip Code  
Somerville MA 02144-1602

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

Name of Employer Milford-Whitinsville Reg Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** C810219

Amount of Each Receipt this Period  
41.67

**B.**

Full Name (Last, First, Middle Initial)  
Mary O'Neill

Mailing Address 28 Burnham St # 2  
# 2

City State Zip Code  
Somerville MA 02144-1602

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

Name of Employer Milford-Whitinsville Reg Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839112

Amount of Each Receipt this Period  
41.67

**C.**

Full Name (Last, First, Middle Initial)  
Joshua S S Obak

Mailing Address PO Box 11038

City State Zip Code  
Fresno CA 93771-1038

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

Name of Employer Sierra Kings District Hosp  
Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
MM / DD / YYYY  
07 / 07 / 2009

**Transaction ID:** C747630

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **183.34**

**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 284 / 476  
(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)  
Steven Robert Robert Offerman

Mailing Address 5921 Shepard Ave

City State Zip Code  
Sacramento CA 95819-2539

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

Name of Employer Kaiser Permanente Hosp      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  

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

**Transaction ID:** C750692

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Steven Robert Robert Offerman

Mailing Address 5921 Shepard Ave

City State Zip Code  
Sacramento CA 95819-2539

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

Name of Employer Kaiser Permanente Hosp      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  

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

**Transaction ID:** C791304

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Martin E E Ogle

Mailing Address 24411 Health Center Dr # 660

City State Zip Code  
Laguna Hills CA 92653-3698

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

Name of Employer CA Emer Phys      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      463.65

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	3	0	/	2	0	0	9

**Transaction ID:** C761855

Amount of Each Receipt this Period  
367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **717.65**

**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 285 / 476  
(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)  
Martin E E Ogle

Mailing Address 24411 Health Center Dr # 660

City Laguna Hills State CA Zip Code 92653-3698

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 ▼ 463.65

Date of Receipt 11 / 19 / 2009

**Transaction ID: C807895**

Amount of Each Receipt this Period 96.00

**B.** Full Name (Last, First, Middle Initial)  
William P P Olivieri

Mailing Address 18 Steeplechase Ln

City Asbury State NJ Zip Code 08802-1086

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

Name of Employer Hackettstown Cmnty Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 30 / 2009

**Transaction ID: C761885**

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Eric M M Otani

Mailing Address 2070 Clinton Ave

City Alameda State CA Zip Code 94501-4399

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

Name of Employer Alameda Hosp Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.65

Date of Receipt 07 / 30 / 2009

**Transaction ID: C761845**

Amount of Each Receipt this Period 367.65

**SUBTOTAL** of Receipts This Page (optional) ..... ► **563.65**

**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 286 / 476

(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)  
Eric M M Otani

Mailing Address 2070 Clinton Ave

City State Zip Code  
Alameda CA 94501-4399

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

Name of Employer Occupation  
Alameda Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

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

Transaction ID: C807794

Amount of Each Receipt this Period

96.00
-------

**B.**

Full Name (Last, First, Middle Initial)  
Jorge E Otero

Mailing Address NE Emer Med Spec  
245 E Rock Rd

City State Zip Code  
New Haven CT 06511-1230

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

Name of Employer Occupation  
NE Emer Med Spec Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.99

Date of Receipt

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

Transaction ID: C790795

Amount of Each Receipt this Period

83.33
-------

**C.**

Full Name (Last, First, Middle Initial)  
Jorge E Otero

Mailing Address NE Emer Med Spec  
245 E Rock Rd

City State Zip Code  
New Haven CT 06511-1230

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

Name of Employer Occupation  
NE Emer Med Spec Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.99

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

Transaction ID: C810210

Amount of Each Receipt this Period

83.33
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**SUBTOTAL** of Receipts This Page (optional) .....

262.66
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 287 / 476  
(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) Jorge E Otero		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address NE Emer Med Spec 245 E Rock Rd		<b>Transaction ID:</b> C839102
City New Haven	State CT	Zip Code 06511-1230
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 83.33
Name of Employer NE Emer Med Spec	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

**B.**

Full Name (Last, First, Middle Initial) Chris Ott		Date of Receipt MM / DD / YYYY 07 / 28 / 2009
Mailing Address 1001 Ogden St		<b>Transaction ID:</b> C761226
City Denver	State CO	Zip Code 80218-2807
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Apex Emer Group	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) David T T Overton		Date of Receipt MM / DD / YYYY 10 / 03 / 2009
Mailing Address 1000 Oakland Dr		<b>Transaction ID:</b> C802074
City Kalamazoo	State MI	Zip Code 49008-1282
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer MSU/KCMS	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>833.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 288 / 476  
(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)  
Steven A A Pace

Mailing Address 40 Bonney St

City State Zip Code  
Steilacoom WA 98388-1502

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

Name of Employer Tacoma Emer Care Phys      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 19 / 2009

**Transaction ID:** C769301

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
David C C Packo

Mailing Address Emer Med Phys  
4535 Dressler Rd NW

City State Zip Code  
Canton OH 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  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** C776651

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
James Phillip Phillip Parker

Mailing Address 555 W Webb Rd

City State Zip Code  
Eagleville TN 37060-4028

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

Name of Employer Southeastern Emerg Care PLLC      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 24 / 2009

**Transaction ID:** C796664

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 289 / 476  
(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)  
Rebecca B B Parker

Mailing Address 5880 Highland Ln

City State Zip Code  
Lakewood IL 60014-4808

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

Name of Employer Occupation  
Dr. Rebecca B Parker Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761772

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Rebecca B B Parker

Mailing Address 5880 Highland Ln

City State Zip Code  
Lakewood IL 60014-4808

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

Name of Employer Occupation  
Dr. Rebecca B Parker Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787855

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Nilesh Patel

Mailing Address 520 W 43rd St Apt 27J  
Apt 27J

City State Zip Code  
New York NY 10036-4355

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

Name of Employer Occupation  
St Josephs Regl Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** C750684

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 290 / 476  
(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)  
Charles F F Pattavina

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing federal political committee. C

Name of Employer St Joseph Hosp      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** C754953

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Charles F F Pattavina

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing federal political committee. C

Name of Employer St Joseph Hosp      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761773

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Charles F F Pattavina

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing federal political committee. C

Name of Employer St Joseph Hosp      Occupation Emergency Physician

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 950.00

Date of Receipt MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789470

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 291 / 476  
(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)  
Drew J J Paulson

Mailing Address 1961 S 38th Dr  
Apt 58

City Yuma State AZ Zip Code 85364-4916

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

Name of Employer Southwest Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID: C760998**

Amount of Each Receipt this Period 240.00

**B.** Full Name (Last, First, Middle Initial)  
Drew J J Paulson

Mailing Address 1961 S 38th Dr  
Apt 58

City Yuma State AZ Zip Code 85364-4916

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

Name of Employer Southwest Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY  
09 / 04 / 2009

**Transaction ID: C776678**

Amount of Each Receipt this Period 240.00

**C.** Full Name (Last, First, Middle Initial)  
Drew J J Paulson

Mailing Address 1961 S 38th Dr  
Apt 58

City Yuma State AZ Zip Code 85364-4916

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

Name of Employer Southwest Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt MM / DD / YYYY  
10 / 01 / 2009

**Transaction ID: C787709**

Amount of Each Receipt this Period 240.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 720.00

**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 292 / 476  
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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)  
Drew J J Paulson

Mailing Address 1961 S 38th Dr  
Apt 58

City Yuma State AZ Zip Code 85364-4916

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

Name of Employer Southwest Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 11 / 05 / 2009  
Transaction ID: C801554  
Amount of Each Receipt this Period 240.00

**B.** Full Name (Last, First, Middle Initial)  
Drew J J Paulson

Mailing Address 1961 S 38th Dr  
Apt 58

City Yuma State AZ Zip Code 85364-4916

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

Name of Employer Southwest Emer Phys Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 04 / 2009  
Transaction ID: C811757  
Amount of Each Receipt this Period 240.00

**C.** Full Name (Last, First, Middle Initial)  
Lee E E Payne

Mailing Address 4199 Douglass Way

City USAF Academy State CO Zip Code 80840-1099

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

Name of Employer HQ Air Force Space Command Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 949.99

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761765  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 580.00

**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 293 / 476  
(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)  
Lee E E Payne

Mailing Address 4199 Douglass Way

City State Zip Code  
USAF Academy CO 80840-1099

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

Name of Employer Occupation  
HQ Air Force Space Command Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 949.99

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789466

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Lee E E Payne

Mailing Address 4199 Douglass Way

City State Zip Code  
USAF Academy CO 80840-1099

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

Name of Employer Occupation  
HQ Air Force Space Command Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 949.99

Date of Receipt  
MM / DD / YYYY  
11 / 30 / 2009

**Transaction ID:** C810244

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Lee E E Payne

Mailing Address 4199 Douglass Way

City State Zip Code  
USAF Academy CO 80840-1099

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

Name of Employer Occupation  
HQ Air Force Space Command Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 949.99

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839122

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 294 / 476  
(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)  
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761774  
Amount of Each Receipt this Period 167.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt 08 / 28 / 2009  
Transaction ID: C773690  
Amount of Each Receipt this Period 167.00

**C.**

Full Name (Last, First, Middle Initial)  
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt 09 / 28 / 2009  
Transaction ID: C785381  
Amount of Each Receipt this Period 167.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 501.00

**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 295 / 476  
(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)  
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt: 10 / 29 / 2009  
**Transaction ID: C798596**  
Amount of Each Receipt this Period: 167.00

**B.**

Full Name (Last, First, Middle Initial)  
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt: 11 / 30 / 2009  
**Transaction ID: C810225**  
Amount of Each Receipt this Period: 167.00

**C.**

Full Name (Last, First, Middle Initial)  
Pamela K K Peak

Mailing Address 3250 W 100 S

City Franklin State IN Zip Code 46131-8681

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

Name of Employer Major Hosp ED Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1503.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C839094**  
Amount of Each Receipt this Period: 167.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **501.00**

**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 296 / 476  
(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)

Mark D D Pearlmutter

Mailing Address 440 Boylston St

City State Zip Code  
Brookline MA 02445-6005

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

Name of Employer Occupation  
St Elizabeths Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802058

Amount of Each Receipt this Period

350.00

**B.**

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code  
Coventry CT 06238-3622

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

Name of Employer Occupation  
Windham Cmnty Meml Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.99

Date of Receipt

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

Transaction ID: C787864

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City State Zip Code  
Coventry CT 06238-3622

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

Name of Employer Occupation  
Windham Cmnty Meml Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 249.99

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810216

Amount of Each Receipt this Period

83.33

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

516.66

**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 297 / 476  
(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) Alberto Perez		Date of Receipt MM / DD / YYYY 12 / 31 / 2009
Mailing Address 59 Windswept Way		<b>Transaction ID:</b> C839111
City Coventry	State CT	Zip Code 06238-3622
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Windham Cmnty Meml Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

**B.**

Full Name (Last, First, Middle Initial) Paul K K Perry		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
Mailing Address 3401 N Wilder Rd		<b>Transaction ID:</b> C761839
City Plant City	State FL	Zip Code 33565-2677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Univ Cmnty Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

**C.**

Full Name (Last, First, Middle Initial) Paul K K Perry		Date of Receipt MM / DD / YYYY 12 / 02 / 2009
Mailing Address 3401 N Wilder Rd		<b>Transaction ID:</b> C811633
City Plant City	State FL	Zip Code 33565-2677
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Univ Cmnty Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1183.33</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 298 / 476

(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)  
Charles Allan Allan Phillips

Mailing Address 6801 Trinity Landing Dr S

City State Zip Code  
Ft Worth TX 76132-3754

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Questcare 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 0 / 2 0 0 9

Transaction ID: C808429

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
John S S Phillips

Mailing Address 208 Topaz St

City State Zip Code  
New Orleans LA 70124-2634

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mem Med Ctr Baptist 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 4 / 2 0 0 9

Transaction ID: C776680

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Gina Marie Marie Piazza

Mailing Address 526 Walden Hills Ct

City State Zip Code  
Augusta GA 30909-0225

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Med Coll of Georgia 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 9

Transaction ID: C787860

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 299 / 476  
(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)

Phil Michael Michael Piccinini

Mailing Address 1470 Lorain Rd

City State Zip Code  
San Marino CA 91108-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Francis Meml Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761867

Amount of Each Receipt this Period

367.65

**B.**

Full Name (Last, First, Middle Initial)

Phil Michael Michael Piccinini

Mailing Address 1470 Lorain Rd

City State Zip Code  
San Marino CA 91108-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Francis Meml Hosp ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.65

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2009

Transaction ID: C807849

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)

Edwin Cary Cary Pigman

Mailing Address 3100 Bonnett Creek Rd

City State Zip Code  
Avon Park FL 33825-7609

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
FL Hosp Heartland Div Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 19 / 2009

Transaction ID: C780436

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

713.65

**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 300 / 476  
(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)  
Edwin Cary Cary Pigman  
Mailing Address 3100 Bonnett Creek Rd  
City Avon Park State FL Zip Code 33825-7609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FL Hosp Heartland Div Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 850.00  
Date of Receipt 12 / 09 / 2009  
Transaction ID: C814919  
Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Lisa Lisa Pike  
Mailing Address 953 Terra Bella  
City San Jose State CA Zip Code 95125-2656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Comm Hosp Los Gatos Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65  
Date of Receipt 07 / 30 / 2009  
Transaction ID: C761871  
Amount of Each Receipt this Period 367.65

**C.** Full Name (Last, First, Middle Initial)  
Karen Lisa Lisa Pike  
Mailing Address 953 Terra Bella  
City San Jose State CA Zip Code 95125-2656  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Comm Hosp Los Gatos Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.65  
Date of Receipt 11 / 19 / 2009  
Transaction ID: C807806  
Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 713.65  
**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 301 / 476  
(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)  
Randy L L Pilgrim

Mailing Address 117 Canterbury Rd

City State Zip Code  
Lafayette LA 70503-3639

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. Randy L Pilgrim   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 09 / 01 / 2009  
Transaction ID: C775463  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Edward Adam Adam Pillar

Mailing Address 35605 Abelia St

City State Zip Code  
Murrieta CA 92562-4462

FEC ID number of contributing federal political committee. **C**

Name of Employer: CEP America   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 467.65

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761828  
Amount of Each Receipt this Period: 367.65

**C.** Full Name (Last, First, Middle Initial)  
Edward Adam Adam Pillar

Mailing Address 35605 Abelia St

City State Zip Code  
Murrieta CA 92562-4462

FEC ID number of contributing federal political committee. **C**

Name of Employer: CEP America   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 467.65

Date of Receipt: 11 / 16 / 2009  
Transaction ID: C805530  
Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1467.65

**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 302 / 476  
(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)  
David J J Pillow, Jr

Mailing Address 5332 Wateka Dr

City State Zip Code  
Dallas TX 75209-5512

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Paul Univ Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 27 / 2009

Transaction ID: C761163

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen R R Pitts

Mailing Address 5775 Heards Forest Dr

City State Zip Code  
Atlanta GA 30328-4756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Emory Crawford Long Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 28 / 2009

Transaction ID: C761246

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Marc Steven Plotkin

Mailing Address 7267 NW 122nd Ave

City State Zip Code  
Parkland FL 33076-4622

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Sheridan Healthcorp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 30 / 2009

Transaction ID: C848249

Amount of Each Receipt this Period

250.00

**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 303 / 476  
(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)  
George Podgorny

Mailing Address 2115 Georgia Ave

City State Zip Code  
Winston Salem NC 27104-1917

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Moses H Cone Meml Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID:** C754962

Amount of Each Receipt this Period  
500.00

**B.**

Full Name (Last, First, Middle Initial)  
Robert H H Potts, Jr

Mailing Address PO Box 3319

City State Zip Code  
Copper Mtn CO 80443-3319

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vail Valley Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 29 / 2009

**Transaction ID:** C761367

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
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 Occupation  
Lancaster Regional Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 949.99

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761751

Amount of Each Receipt this Period  
100.00

**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 304 / 476  
(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)  
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 Occupation  
Lancaster Regional Med Ctr 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 0 / 0 4 / 2 0 0 9

Transaction ID: C787878

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
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 Occupation  
Lancaster Regional Med Ctr 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 1 / 3 0 / 2 0 0 9

Transaction ID: C812405

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
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 Occupation  
Lancaster Regional Med Ctr 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 / 3 1 / 2 0 0 9

Transaction ID: C839101

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 305 / 476  
(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)  
Eva Prakash

Mailing Address 334 Gershwin Dr

City State Zip Code  
Houston TX 77079-7312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GHEP 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 4 / 2 0 0 9

**Transaction ID: C787830**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
L Andrew Prechtel

Mailing Address 14624 Old Vermillion Dr

City State Zip Code  
Huntersville NC 28078-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID: C848313**

Amount of Each Receipt this Period  
17.00

**C.** Full Name (Last, First, Middle Initial)  
L Andrew Prechtel

Mailing Address 14624 Old Vermillion Dr

City State Zip Code  
Huntersville NC 28078-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 301.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID: C848314**

Amount of Each Receipt this Period  
17.00

**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 306 / 476

(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)

L Andrew Prechtel

Mailing Address 14624 Old Vermillion Dr

City State Zip Code  
Huntersville NC 28078-5324

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 301.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848315

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)

Louise A A Prince

Mailing Address 750 E Adams St

City State Zip Code  
Syracuse NY 13210-2342

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUNY Upstate Med Univ ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802066

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John H Proctor, MD, MBA, F

Mailing Address 320 Old Hickory Blvd  
#1200

City State Zip Code  
Nashville TN 37221-1310

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Team Health Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802057

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

367.00

**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 307 / 476  
(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)  
Christopher R 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: Marshall Emer Svc Assoc PSC  
Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 07 / 01 / 2009  
Transaction ID: C746769  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher R 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: Marshall Emer Svc Assoc PSC  
Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 09 / 28 / 2009  
Transaction ID: C785389  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher R 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: Marshall Emer Svc Assoc PSC  
Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 12 / 31 / 2009  
Transaction ID: C839108  
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 308 / 476  
(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)  
Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City State Zip Code  
Huntersville NC 28078-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Dr. Sankalp Puri      Occupation  
Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      204.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

**Transaction ID: C787013**  
 Amount of Each Receipt this Period  
 17.00

**B.** Full Name (Last, First, Middle Initial)  
Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City State Zip Code  
Huntersville NC 28078-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Dr. Sankalp Puri      Occupation  
Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      204.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

**Transaction ID: C787044**  
 Amount of Each Receipt this Period  
 17.00

**C.** Full Name (Last, First, Middle Initial)  
Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City State Zip Code  
Huntersville NC 28078-2418

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Dr. Sankalp Puri      Occupation  
Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      204.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

**Transaction ID: C787075**  
 Amount of Each Receipt this Period  
 17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.00**

**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 309 / 476

(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)  
Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City State Zip Code  
Huntersville NC 28078-2418

FEC ID number of contributing federal political committee. C

Name of Employer  
Dr. Sankalp Puri

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** C848336

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City State Zip Code  
Huntersville NC 28078-2418

FEC ID number of contributing federal political committee. C

Name of Employer  
Dr. Sankalp Puri

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** C848337

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Sankalp Puri

Mailing Address 14516 Salem Ridge Rd

City State Zip Code  
Huntersville NC 28078-2418

FEC ID number of contributing federal political committee. C

Name of Employer  
Dr. Sankalp Puri

Occupation  
Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
204.00

Date of Receipt  
M M / D D / Y Y Y Y  
12 / 31 / 2009

**Transaction ID:** C848338

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... 51.00

**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 310 / 476  
(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)  
Kenneth Bruce Quenneville

Mailing Address 700 Partridge Ln

City Eagle Lake State TX Zip Code 77434-3214

FEC ID number of contributing federal political committee. **C**

Name of Employer Columbus Cmnty Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt MM / DD / YYYY 12 / 09 / 2009

Transaction ID: C814918

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Daniel L L Quion

Mailing Address 12677 Hesperia Rd # 120 Ste 120

City Victorville State CA Zip Code 92395-7735

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 ▼ 746.00

Date of Receipt MM / DD / YYYY 07 / 22 / 2009

Transaction ID: C760013

Amount of Each Receipt this Period 650.00

**C.**

Full Name (Last, First, Middle Initial)  
Daniel L L Quion

Mailing Address 12677 Hesperia Rd # 120 Ste 120

City Victorville State CA Zip Code 92395-7735

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 ▼ 746.00

Date of Receipt MM / DD / YYYY 11 / 19 / 2009

Transaction ID: C807873

Amount of Each Receipt this Period 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1046.00

**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 311 / 476  
(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)  
Mohan Rajaratnam

Mailing Address 4559 Diplomat Drive

City State Zip Code  
Stow OH 44224

FEC ID number of contributing federal political committee. **C**

Name of Employer: Stark County Emergency Physicians  
Occupation: Emergency Room Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 08 / 12 / 2009  
**Transaction ID: C766159**  
 Amount of Each Receipt this Period: 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mohan Rajaratnam

Mailing Address 4559 Diplomat Drive

City State Zip Code  
Stow OH 44224

FEC ID number of contributing federal political committee. **C**

Name of Employer: Stark County Emergency Physicians  
Occupation: Emergency Room Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt: 09 / 06 / 2009  
**Transaction ID: C776709**  
 Amount of Each Receipt this Period: 900.00

**C.** Full Name (Last, First, Middle Initial)  
Pamela Ramsey

Mailing Address 11730 S Hagan St

City State Zip Code  
Olathe KS 66062-8023

FEC ID number of contributing federal political committee. **C**

Name of Employer: Univ of KS Med Ctr  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 07 / 28 / 2009  
**Transaction ID: C761286**  
 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 312 / 476  
(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)

Robert Philip Philip Realmuto

Mailing Address 2001 Via Teca

City State Zip Code  
San Clemente CA 92673-5659

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orange Coast Meml Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761838

Amount of Each Receipt this Period

367.64

**B.**

Full Name (Last, First, Middle Initial)

Robert Philip Philip Realmuto

Mailing Address 2001 Via Teca

City State Zip Code  
San Clemente CA 92673-5659

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Orange Coast Meml Med Ctr ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2009

Transaction ID: C807820

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)

Linda A A Regan

Mailing Address 112 Tregarone Rd

City State Zip Code  
Timonium MD 21093-2522

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Johns Hopkins Med Inst Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C839083

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

963.64

**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 313 / 476  
(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)  
C Michael Remoll

Mailing Address 1754 Long Green Dr

City <b>Annapolis</b>	State <b>MD</b>	Zip Code <b>21409-5853</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Anne Arundel Med Ctr 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
07 / 30 / 2009

**Transaction ID: C761787**  
 Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
David Rentz

Mailing Address 304 Balwin Ave

City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28204-3112</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-Atlantic EM Assoc	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 30 / 2009

**Transaction ID: C787018**  
 Amount of Each Receipt this Period  
**17.00**

**C.** Full Name (Last, First, Middle Initial)  
David Rentz

Mailing Address 304 Balwin Ave

City <b>Charlotte</b>	State <b>NC</b>	Zip Code <b>28204-3112</b>
--------------------------	--------------------	-------------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mid-Atlantic EM Assoc	Occupation Emergency Physician
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **204.00**

Date of Receipt  

M M / D D / Y Y Y Y Y
09 / 30 / 2009

**Transaction ID: C787052**  
 Amount of Each Receipt this Period  
**17.00**

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>534.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 476  
(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)  
David Rentz

Mailing Address 304 Balwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic EM Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID:** C787091

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
David Rentz

Mailing Address 304 Balwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic EM Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848277

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
David Rentz

Mailing Address 304 Balwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic EM Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848278

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.00**

**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 315 / 476

(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)  
David Rentz

Mailing Address 304 Balwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic EM Assoc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848279

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa M M Rentz

Mailing Address MEMA  
304 Baldwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787031

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)  
Lisa M M Rentz

Mailing Address MEMA  
304 Baldwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787049

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

51.00

**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 316 / 476

(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)  
Lisa M M Rentz

Mailing Address MEMA  
304 Baldwin Ave

City State Zip Code  
Charlotte NC 28204-3112

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 ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787079

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)  
Lisa M M Rentz

Mailing Address MEMA  
304 Baldwin Ave

City State Zip Code  
Charlotte NC 28204-3112

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 ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C848317

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)  
Lisa M M Rentz

Mailing Address MEMA  
304 Baldwin Ave

City State Zip Code  
Charlotte NC 28204-3112

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 ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
12 / 31 / 2009

Transaction ID: C848318

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) .....

51.00

**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 317 / 476  
(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)  
Lisa M M Rentz

Mailing Address MEMA  
304 Baldwin Ave

City State Zip Code  
Charlotte NC 28204-3112

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MEMA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848319

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)  
Kathy Diana Diana Reschke

Mailing Address PO Box 993744

City State Zip Code  
Redding CA 96099-3744

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Shasta Emerg Med Grp MCA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
321.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: C807816

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)  
Christopher R R Reynolds

Mailing Address 7400 Leharne Dr

City State Zip Code  
Charlotte NC 28270-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emerg Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼  
204.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 9 / 3 0 / 2 0 0 9

Transaction ID: C787007

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) .....

130.00

**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 318 / 476  
(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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Christopher R R Reynolds</p> <p>Mailing Address 7400 Leharne Dr</p> <p>City State Zip Code Charlotte NC 28270-1817</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Mid-Atlantic Emerg Med Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 204.00</p>	<p>Date of Receipt  <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> C787023</p> <p>Amount of Each Receipt this Period  <table border="1" style="width:100%; text-align: right;"> <tr><td>17.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9	17.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	0	9													
17.00																						

<p><b>B.</b> Full Name (Last, First, Middle Initial) Christopher R R Reynolds</p> <p>Mailing Address 7400 Leharne Dr</p> <p>City State Zip Code Charlotte NC 28270-1817</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Mid-Atlantic Emerg Med Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 204.00</p>	<p>Date of Receipt  <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>9</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> C787092</p> <p>Amount of Each Receipt this Period  <table border="1" style="width:100%; text-align: right;"> <tr><td>17.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		3	0		2	0	0	9	17.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	9		3	0		2	0	0	9													
17.00																						

<p><b>C.</b> Full Name (Last, First, Middle Initial) Christopher R R Reynolds</p> <p>Mailing Address 7400 Leharne Dr</p> <p>City State Zip Code Charlotte NC 28270-1817</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer: Mid-Atlantic Emerg Med Occupation: Emergency Physician</p> <p>Receipt For:  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 204.00</p>	<p>Date of Receipt  <table border="1" style="width:100%; text-align: center;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>1</td><td>2</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table> </p> <p><b>Transaction ID:</b> C848274</p> <p>Amount of Each Receipt this Period  <table border="1" style="width:100%; text-align: right;"> <tr><td>17.00</td></tr> </table> </p>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		3	1		2	0	0	9	17.00
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		3	1		2	0	0	9													
17.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>51.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 319 / 476  
(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)  
Christopher R R Reynolds  
Mailing Address 7400 Leharne Dr

City State Zip Code  
Charlotte NC 28270-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emerg Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848275**  
Amount of Each Receipt this Period  
17.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher R R Reynolds  
Mailing Address 7400 Leharne Dr

City State Zip Code  
Charlotte NC 28270-1817

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emerg Med Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848276**  
Amount of Each Receipt this Period  
17.00

**C.** Full Name (Last, First, Middle Initial)  
Martin Axel Axel Reznak  
Mailing Address Detroit Receiving Hosp  
4201 St Antoine 3R

City State Zip Code  
Detroit MI 48201-2153

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID: C802039**  
Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1034.00**

**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 320 / 476  
(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)  
Laura C C Richey

Mailing Address 1737 Chevelle Dr

City State Zip Code  
Baton Rouge LA 70806-8411

FEC ID number of contributing federal political committee. **C**

Name of Employer Earl K Long Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761783

Amount of Each Receipt this Period  
200.00

**B.**

Full Name (Last, First, Middle Initial)  
Laura C C Richey

Mailing Address 1737 Chevelle Dr

City State Zip Code  
Baton Rouge LA 70806-8411

FEC ID number of contributing federal political committee. **C**

Name of Employer Earl K Long Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
09 / 02 / 2009

Transaction ID: C776084

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
William D D Richmond

Mailing Address 86 Shorebird Loop

City State Zip Code  
Pawleys Island SC 29585-7540

FEC ID number of contributing federal political committee. **C**

Name of Employer Georgetown Mem Hosp, ED Dir Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

Transaction ID: C750670

Amount of Each Receipt this Period  
500.00

**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 321 / 476  
(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)  
Leonard M M Riggs, Jr

Mailing Address 8226 Douglas Ave # 709

City State Zip Code  
Dallas TX 75225-5929

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EMCARE Inc Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
07 / 24 / 2009

**Transaction ID:** C760985

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Stephan Rinnert

Mailing Address 126 Westminister Rd

City State Zip Code  
Brooklyn NY 11218-3444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Univ of NY @ Brooklyn Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 20 / 2009

**Transaction ID:** C769934

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Stephan Rinnert

Mailing Address 126 Westminister Rd

City State Zip Code  
Brooklyn NY 11218-3444

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
State Univ of NY @ Brooklyn Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785423

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 322 / 476  
(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)  
David Carlos Carlos Riojas

Mailing Address 2602 Rogers Cir

City San Antonio State TX Zip Code 78258-4605

FEC ID number of contributing federal political committee. **C**

Name of Employer Christus Santa Rosa Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 22 / 2009

Transaction ID: C782312

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Mark R R Riser

Mailing Address 108 Balsamwood Ct

City Cary State NC Zip Code 27513-3456

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Mark R Riser Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 07 / 30 / 2009

Transaction ID: C761745

Amount of Each Receipt this Period 83.33

**C.** Full Name (Last, First, Middle Initial)  
Mark R R Riser

Mailing Address 108 Balsamwood Ct

City Cary State NC Zip Code 27513-3456

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Mark R Riser Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.01

Date of Receipt 08 / 28 / 2009

Transaction ID: C773683

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 323 / 476  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Mark R R Riser		Date of Receipt MM / DD / YYYY 09 / 28 / 2009		
	Mailing Address 108 Balsamwood Ct		<b>Transaction ID:</b> C785384		
	City Cary	State NC	Zip Code 27513-3456	Amount of Each Receipt this Period 83.37	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Mark R Riser	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.01			

<b>B.</b>	Full Name (Last, First, Middle Initial) Jaime B B Rivas		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 2408 Oak Canyon PI		<b>Transaction ID:</b> C761821		
	City Escondido	State CA	Zip Code 92025-6743	Amount of Each Receipt this Period 367.64	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Jaime B Rivas	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 463.64			

<b>C.</b>	Full Name (Last, First, Middle Initial) Jaime B B Rivas		Date of Receipt MM / DD / YYYY 11 / 19 / 2009		
	Mailing Address 2408 Oak Canyon PI		<b>Transaction ID:</b> C807926		
	City Escondido	State CA	Zip Code 92025-6743	Amount of Each Receipt this Period 96.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Dr. Jaime B Rivas	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 463.64			

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

547.01

**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 324 / 476  
(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)  
Jamil F Rizqalla

Mailing Address 557 AVALON GARDENS DR.

City State Zip Code  
**NaNUET NY 10954-7444**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**EMA EMERGENCY PHYSICIAN**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **09 / 02 / 2009**  
**Transaction ID: C776070**  
 Amount of Each Receipt this Period **250.00**

**B.** Full Name (Last, First, Middle Initial)  
Sam S S Roberts, III

Mailing Address Emer Svc Partners LP  
 6300 La Calma Dr Ste 200

City State Zip Code  
**Austin TX 78752-3825**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Emer Svc Partners LP Emergency Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **07 / 02 / 2009**  
**Transaction ID: C746982**  
 Amount of Each Receipt this Period **100.00**

**C.** Full Name (Last, First, Middle Initial)  
Sam S S Roberts, III

Mailing Address Emer Svc Partners LP  
 6300 La Calma Dr Ste 200

City State Zip Code  
**Austin TX 78752-3825**

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
**Emer Svc Partners LP Emergency Physician**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 06 / 2009**  
**Transaction ID: C789509**  
 Amount of Each Receipt this Period **900.00**

**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 325 / 476

(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)

Paul F Robinson, MD, PhD, F

Mailing Address 6 Woodberry Ct

City State Zip Code  
Little Rock AR 72212-2740

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EM/Urgent Care Inc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789478

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick A A Robley

Mailing Address 10705 Woodridden St

City State Zip Code  
Oklahoma City OK 73170-3204

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Grady Mem Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760000

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Howard Roemer

Mailing Address St Francis Hosp  
6161 S Yale

City State Zip Code  
Tulsa OK 74136-1902

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
University Oklahoma Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 9 / 2 0 0 9

Transaction ID: C764169

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 326 / 476  
(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)  
Carol Rogala

Mailing Address 36110 Cherrywood St

City State Zip Code  
Yucaipa CA 92399-5721

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Carol Rogala Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787832

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)  
Brian G G Rogers

Mailing Address 21993 Deer Park Dr

City State Zip Code  
Chugiak AK 99567-5326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Brian G Rogers Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 8 / 2 0 0 9

Transaction ID: C761217

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian G G Rogers

Mailing Address 21993 Deer Park Dr

City State Zip Code  
Chugiak AK 99567-5326

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Brian G Rogers Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: C764031

Amount of Each Receipt this Period

500.00

**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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(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)  
Todd A A Rogers

Mailing Address 102 Craborchard PI

City State Zip Code  
Chapel Hill NC 27514-9553

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Durham Emer Phys PA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2009

**Transaction ID:** C763166

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Christopher T T Roes

Mailing Address 3589 Rocky Ridge Ct

City State Zip Code  
Sparks NV 89431-1303

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Reno Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 18 / 2009

**Transaction ID:** C768731

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
James W W Rosbrugh, Jr

Mailing Address 13112 King Palm Ct

City State Zip Code  
Bakersfield CA 93314-6529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CCEMP Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
08 / 25 / 2009

**Transaction ID:** C770786

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 328 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) James W W Rosbrugh, Jr		Date of Receipt MM / DD / YYYY 09 / 02 / 2009		
	Mailing Address 13112 King Palm Ct		<b>Transaction ID:</b> C776077		
	City Bakersfield	State CA	Zip Code 93314-6529	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		Name of Employer CCEMP		
Occupation Emergency Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 350.00					

<b>B.</b>	Full Name (Last, First, Middle Initial) Atilio R R Roscher		Date of Receipt MM / DD / YYYY 07 / 23 / 2009		
	Mailing Address 3813 County Club Rd		<b>Transaction ID:</b> C760129		
	City Easton	State PA	Zip Code 18045-2914	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Hillcrest Emer Serv		
Occupation Emergency Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 500.00					

<b>C.</b>	Full Name (Last, First, Middle Initial) Alexander Max Max Rosenau		Date of Receipt MM / DD / YYYY 08 / 28 / 2009		
	Mailing Address Lehigh Valley Hosp PO Box 689 JDMCC Ste 214		<b>Transaction ID:</b> C773684		
	City Allentown	State PA	Zip Code 18105-1556	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Lehigh Valley Hosp		
Occupation Emergency Physician		Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
Aggregate Year-to-Date ▼ 1250.00					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	850.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 329 / 476  
(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)  
Alexander Max Max Rosenau

Mailing Address Lehigh Valley Hosp  
PO Box 689 JDMCC Ste 214

City Allentown State PA Zip Code 18105-1556

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 11 / 30 / 2009  
**Transaction ID: C810209**  
 Amount of Each Receipt this Period 250.00

**B.** Full Name (Last, First, Middle Initial)  
Yoav Rosenblat

Mailing Address 15 kinzel lane

City west orange State NJ Zip Code 07052-2171

FEC ID number of contributing federal political committee. **C**

Name of Employer Emergency Medicine Associates Occupation Emergency Medicine physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 30 / 2009  
**Transaction ID: C785550**  
 Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Craig 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 Emer Phys Occupation Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1593.64

Date of Receipt 07 / 30 / 2009  
**Transaction ID: C761708**  
 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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FOR LINE NUMBER: PAGE 330 / 476  
(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)  
Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City State Zip Code  
Culver City CA 90231-5101

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 ▼ 1593.64

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761853  
Amount of Each Receipt this Period: 367.64

**B.** Full Name (Last, First, Middle Initial)  
Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City State Zip Code  
Culver City CA 90231-5101

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 ▼ 1593.64

Date of Receipt: 10 / 03 / 2009  
Transaction ID: C802045  
Amount of Each Receipt this Period: 380.00

**C.** Full Name (Last, First, Middle Initial)  
Robert Craig Craig Rosenbloom

Mailing Address PO Box 5101

City State Zip Code  
Culver City CA 90231-5101

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 ▼ 1593.64

Date of Receipt: 11 / 19 / 2009  
Transaction ID: C807894  
Amount of Each Receipt this Period: 96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **843.64**

**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 331 / 476  
(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)  
David William William Ross

Mailing Address 15340 Raton Rd

City State Zip Code  
Colorado Spgs CO 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761710

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
David William William Ross

Mailing Address 15340 Raton Rd

City State Zip Code  
Colorado Spgs CO 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 ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

Transaction ID: C789467

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Robert J J Rothstein

Mailing Address Suburban Hosp ED  
8600 Old Georgetown Rd

City State Zip Code  
Bethesda MD 20814-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer: Suburban Hosp ED  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

Transaction ID: C759995

Amount of Each Receipt this Period  
2500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 332 / 476  
(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)  
Robert J J Rothstein

Mailing Address Suburban Hosp ED  
8600 Old Georgetown Rd

City State Zip Code  
Bethesda MD 20814-1422

FEC ID number of contributing federal political committee. **C**

Name of Employer Suburban Hosp ED      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      5000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	1	5	/	2	0	0	9

**Transaction ID:** C792244

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
Noelle Ann Ann Rotondo

Mailing Address 609 Southridge Dr

City State Zip Code  
Mechanicsburg PA 17055-6056

FEC ID number of contributing federal political committee. **C**

Name of Employer York Hosp ED      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

**Transaction ID:** C789524

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Jonathan Samuel Samuel Rubens

Mailing Address 2 Stone Rdg Ct

City State Zip Code  
Jamestown NC 27282-8750

FEC ID number of contributing federal political committee. **C**

Name of Employer Regl Emer Phys PA      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      350.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	4	/	2	0	0	9

**Transaction ID:** C778575

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2850.00**

**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 333 / 476  
(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)  
Raymond Remo Remo Rudoni

Mailing Address 401 S Ballenger Hwy

City State Zip Code  
Flint MI 48532-3638

FEC ID number of contributing federal political committee. **C**

Name of Employer Emer Med Specialists PC      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

**Transaction ID:** C802068

Amount of Each Receipt this Period  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
Sebastian A A Rueckert

Mailing Address 170 Dielman Rd

City State Zip Code  
Saint Louis MO 63124-1705

FEC ID number of contributing federal political committee. **C**

Name of Employer Christian Hosp      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

**Transaction ID:** C802059

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Dino Peter Peter Rumoro

Mailing Address 26 W 381 Glen Eagles Dr

City State Zip Code  
Winfield IL 60190-2313

FEC ID number of contributing federal political committee. **C**

Name of Employer Rush Univ Med Ctr      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

**Transaction ID:** C789522

Amount of Each Receipt this Period  
250.00

**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  
Detailed Summary Page

FOR LINE NUMBER: PAGE 334 / 476  
(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)  
John A A Russ, III

Mailing Address 5500 Larchwood Lane

City State Zip Code  
Toledo OH 43614-1249

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Premier Health Care Services MD

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 2 / 2 0 0 9

Transaction ID: C770005

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Anil J J Sahijwani

Mailing Address 2514 Wildlife Run

City State Zip Code  
Lutz FL 33559-7389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tampa Bay Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 0 / 2 0 0 9

Transaction ID: C769946

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Anil J J Sahijwani

Mailing Address 2514 Wildlife Run

City State Zip Code  
Lutz FL 33559-7389

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Tampa Bay Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 0.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 0 9

Transaction ID: C775358

Amount of Each Receipt this Period

-1000.00

**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 335 / 476  
(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)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 669.36

Date of Receipt  
MM / DD / YYYY  
09 / 24 / 2009

**Transaction ID: C782534**

Amount of Each Receipt this Period  
84.00

**B.** Full Name (Last, First, Middle Initial)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 669.36

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID: C785546**

Amount of Each Receipt this Period  
84.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 669.36

Date of Receipt  
MM / DD / YYYY  
09 / 29 / 2009

**Transaction ID: C794122**

Amount of Each Receipt this Period  
-84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 84.00

**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 336 / 476

(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)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 669.36

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 4 / 2 0 0 9

Transaction ID: C796637

Amount of Each Receipt this Period  
84.00

**B.**

Full Name (Last, First, Middle Initial)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 669.36

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 9

Transaction ID: C808767

Amount of Each Receipt this Period  
84.00

**C.**

Full Name (Last, First, Middle Initial)  
Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code  
Manhasset NY 11030-3709

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Shore Univ Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 669.36

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 2 4 / 2 0 0 9

Transaction ID: C820052

Amount of Each Receipt this Period  
84.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

252.00

**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 337 / 476  
(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)  
Armando G G Samaniego

Mailing Address 3313 N Lucile Ln

City State Zip Code  
Lafayette CA 94549-5425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Armando G Samaniego Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761811

Amount of Each Receipt this Period

367.64

**B.**

Full Name (Last, First, Middle Initial)  
Armando G G Samaniego

Mailing Address 3313 N Lucile Ln

City State Zip Code  
Lafayette CA 94549-5425

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Armando G Samaniego Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2009

Transaction ID: C807773

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)  
Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City State Zip Code  
Huntersville NC 28078-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emerg Med As-  
soc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C787021

Amount of Each Receipt this Period

17.00

**SUBTOTAL** of Receipts This Page (optional) .....

480.64

**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 338 / 476  
(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)  
Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City State Zip Code  
Huntersville NC 28078-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mid-Atlantic Emerg Med As-soc  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787055**  
 Amount of Each Receipt this Period: 17.00

**B.** Full Name (Last, First, Middle Initial)  
Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City State Zip Code  
Huntersville NC 28078-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mid-Atlantic Emerg Med As-soc  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 09 / 30 / 2009  
**Transaction ID: C787072**  
 Amount of Each Receipt this Period: 17.00

**C.** Full Name (Last, First, Middle Initial)  
Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City State Zip Code  
Huntersville NC 28078-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mid-Atlantic Emerg Med As-soc  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt: 12 / 31 / 2009  
**Transaction ID: C848310**  
 Amount of Each Receipt this Period: 17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 51.00

**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 339 / 476  
(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)  
Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City State Zip Code  
Huntersville NC 28078-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emerg Med As- soc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848311

Amount of Each Receipt this Period

17.00

**B.**

Full Name (Last, First, Middle Initial)  
Joshua D D Sarett

Mailing Address 14300 Black Farms Rd

City State Zip Code  
Huntersville NC 28078-9257

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emerg Med As- soc Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 204.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848312

Amount of Each Receipt this Period

17.00

**C.**

Full Name (Last, First, Middle Initial)  
Luke Chris Chris Crai Saski

Mailing Address 27861 Hopkins Dr

City State Zip Code  
Novi MI 48377-2563

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Med Ctr Emer Svcs Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1100.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802085

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

134.00

**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 340 / 476  
(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)  
Thomas L L Schaar

Mailing Address 1318 Gasparilla Dr

City State Zip Code  
Ft Myers FL 33901-7712

FEC ID number of contributing federal political committee. **C**

Name of Employer S Gulf Coast 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 Y  
08 / 05 / 2009

**Transaction ID: C776700**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
Thomas L L Schaar

Mailing Address 1318 Gasparilla Dr

City State Zip Code  
Ft Myers FL 33901-7712

FEC ID number of contributing federal political committee. **C**

Name of Employer S Gulf Coast 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 Y  
09 / 29 / 2009

**Transaction ID: C785515**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Robert W Schafermeyer

Mailing Address Carolinas Med Ctr  
1000 Blythe Blvd-PO Box 32861

City State Zip Code  
Charlotte NC 28232-2861

FEC ID number of contributing federal political committee. **C**

Name of Employer CMC      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  
07 / 28 / 2009

**Transaction ID: C761233**

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 341 / 476

(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)

Dean E E Schanen

Mailing Address 41 Tiburon St

City State Zip Code  
The Hills TX 78738

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Dean E Schanen 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 / 25 / 2009

Transaction ID: C761005

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick M M Schiavone

Mailing Address 31 Pagnotta Dr

City State Zip Code  
Port Jefferson Sta NY 11776-4454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUNY Stony Brook Dept EM 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  
09 / 01 / 2009

Transaction ID: C775482

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Frederick M M Schiavone

Mailing Address 31 Pagnotta Dr

City State Zip Code  
Port Jefferson Sta NY 11776-4454

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
SUNY Stony Brook Dept EM 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  
10 / 07 / 2009

Transaction ID: C790113

Amount of Each Receipt this Period

150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

350.00

**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 342 / 476  
(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)

Mike Schlosser

Mailing Address 13120 Birch Rd

City State Zip Code  
Lake Park MN 56554-9653

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Merit Care ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 9 / 2 0 0 9

Transaction ID: C769303

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)

Eric W W Schmidt

Mailing Address 8 Laurel St

City State Zip Code  
Paxton MA 01612-1238

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UMass physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 1 7 / 2 0 0 9

Transaction ID: C818375

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)

Margaret Beth Beth Schneider

Mailing Address 300 Overhill Dr

City State Zip Code  
Redding CA 96001-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Enloe Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: C764043

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 343 / 476  
(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)  
Margaret Beth Beth Schneider

Mailing Address 300 Overhill Dr

City Redding State CA Zip Code 96001-0300

FEC ID number of contributing federal political committee. **C**

Name of Employer Enloe Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 13 / 2009

Transaction ID: C791409

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Sandra M M Schneider

Mailing Address Univ of Rochester Schl of Med  
601 Elmwood Ave Box 655

City Rochester State NY Zip Code 14642-0001

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 ▼ 1035.00

Date of Receipt 10 / 04 / 2009

Transaction ID: C787854

Amount of Each Receipt this Period 35.00

**C.**

Full Name (Last, First, Middle Initial)  
John A A Schriver

Mailing Address 1415 Portland Ave Ste 305

City Rochester State NY Zip Code 14621-3038

FEC ID number of contributing federal political committee. **C**

Name of Employer Rochester Gen Dir Emer Svcs Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 23 / 2009

Transaction ID: C760130

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 385.00

**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 344 / 476  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael C Schuett

Mailing Address 100 Falcon Hills Drive

City State Zip Code  
Highlands Ranch CO 80126-2911

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EPPH Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
08 / 03 / 2009

**Transaction ID:** C763159

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
David Charles Charles Seaberg

Mailing Address Univ TN Colg of Med-Deans Ofc  
960 E 3rd St Ste 100

City State Zip Code  
Chattanooga TN 37403-2133

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ TN Colg of Med-Deans Ofc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID:** C787865

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Wade N N Sears

Mailing Address 7004 Via Locanda Ave

City State Zip Code  
Las Vegas NV 89131-0114

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Fremont Emergency Services Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
10 / 06 / 2009

**Transaction ID:** C789510

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 345 / 476

(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)  
Timothy Seay

Mailing Address 211 Highland Cross Ste 275

City State Zip Code  
Houston TX 77073-1741

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Greater Houston Emer Phys 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 9

Transaction ID: C787831

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
A Duane Selman

Mailing Address PO Box 15100

City State Zip Code  
Ft Worth TX 76119-0100

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
North Hills Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761747

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Ira L L Sender

Mailing Address 4230 N Highland Ave

City State Zip Code  
Arlington Hts IL 60004-1397

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Elmhurst Emerg Med Svc 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 8 / 2 0 0 9

Transaction ID: C761242

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 346 / 476

(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)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs CT 06268-2756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Windham Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	3		2	0	0	9

Transaction ID: C802020

Amount of Each Receipt this Period

83.33
-------

**B.**

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs CT 06268-2756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Windham Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	1		3	0		2	0	0	9

Transaction ID: C810235

Amount of Each Receipt this Period

83.33
-------

**C.**

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs CT 06268-2756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Windham Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.35

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		3	1		2	0	0	9

Transaction ID: C839093

Amount of Each Receipt this Period

83.33
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**SUBTOTAL** of Receipts This Page (optional) .....

249.99
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**TOTAL** This Period (last page this line number only) .....

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# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 347 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard D Shih		Date of Receipt MM / DD / YYYY 08 / 31 / 2009		
	Mailing Address 38 Revere Dr.		<b>Transaction ID:</b> C775349		
	City Bedminster	State NJ	Zip Code 07921-1800	Amount of Each Receipt this Period 700.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 700.00		
Name of Employer Emergency Medical Associates		Occupation Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 700.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Joshua H H Short		Date of Receipt MM / DD / YYYY 07 / 28 / 2009		
	Mailing Address 720 Cramer Ave		<b>Transaction ID:</b> C761238		
	City Lexington	State KY	Zip Code 40502-1412	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 500.00		
Name of Employer Univ of KY - Lexington		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Steven Roy Roy Shroyer		Date of Receipt MM / DD / YYYY 07 / 17 / 2009		
	Mailing Address 99 Senero Verde		<b>Transaction ID:</b> C754969		
	City San Antonio	State TX	Zip Code 78261-2306	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 300.00		
Name of Employer EMANON		Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 348 / 476  
(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)  
David M M Siegel

Mailing Address 10 Hilltop Terr N

City State Zip Code  
Red Bank NJ 07701-2417

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. David M Siegel   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 09 / 11 / 2009  
Transaction ID: C778500  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
David M M Siegel

Mailing Address 10 Hilltop Terr N

City State Zip Code  
Red Bank NJ 07701-2417

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. David M Siegel   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt: 10 / 13 / 2009  
Transaction ID: C791386  
Amount of Each Receipt this Period: 600.00

**C.** Full Name (Last, First, Middle Initial)  
Harvey Neal Neal Sievers

Mailing Address 6059 S Madison St

City State Zip Code  
Burr Ridge IL 60527-5166

FEC ID number of contributing federal political committee. **C**

Name of Employer: Glen Oaks Hosp   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 07 / 08 / 2009  
Transaction ID: C747917  
Amount of Each Receipt this Period: 250.00

**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 349 / 476

(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)  
Jonathan E E Siff

Mailing Address 2500 MetroHealth Dr RM B63-53

City State Zip Code  
Cleveland OH 44109-1900

FEC ID number of contributing federal political committee. **C**

Name of Employer Metro Health 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 / 2 4 / 2 0 0 9

Transaction ID: C796666

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Michael Adam Adam Silverman

Mailing Address 2 Montrose Ave

City State Zip Code  
Catonsville MD 21228-5607

FEC ID number of contributing federal political committee. **C**

Name of Employer Harbor 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 / 2 1 / 2 0 0 9

Transaction ID: C759432

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Diane M M Sixsmith

Mailing Address 5645 Main St  
Apt 9C

City State Zip Code  
Flushing NY 11355-5045

FEC ID number of contributing federal political committee. **C**

Name of Employer New York Hosp 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 7 / 1 7 / 2 0 0 9

Transaction ID: C754958

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 350 / 476  
(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)  
Vida R M Skandalakis

Mailing Address 55 Honour Ave

City Atlanta State GA Zip Code 30305-1119

FEC ID number of contributing federal political committee. **C**

Name of Employer Northside Emer Assoc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 10 / 2009

Transaction ID: C765390

Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Vida R M Skandalakis

Mailing Address 55 Honour Ave

City Atlanta State GA Zip Code 30305-1119

FEC ID number of contributing federal political committee. **C**

Name of Employer Northside Emer Assoc Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 06 / 2009

Transaction ID: C789531

Amount of Each Receipt this Period 150.00

**C.** Full Name (Last, First, Middle Initial)  
Chester Skiba, Jr

Mailing Address 18 Gentry Dr

City Long Vly State NJ Zip Code 07853-3604

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Chester Skiba, Jr Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 02 / 2009

Transaction ID: C762957

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 350.00

**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 351 / 476

(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)  
John Skindzielewski

Mailing Address 1325 Red Ln

City	State	Zip Code
Danville	PA	17821-8416

FEC ID number of contributing federal political committee. **C**

Name of Employer Geisinger Med Ctr	Occupation Emergency Physician
---------------------------------------	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 0 9

Transaction ID: C793999

Amount of Each Receipt this Period  
500.00

B.

Full Name (Last, First, Middle Initial)  
John T T Skowronski

Mailing Address 1619 Louisiana St

City	State	Zip Code
Little Rock	AR	72206-1429

FEC ID number of contributing federal political committee. **C**

Name of Employer AR Doctors Emerg Gp Inc	Occupation Emergency Physician
---	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 7 / 2 0 0 9

Transaction ID: C797386

Amount of Each Receipt this Period  
500.00

C.

Full Name (Last, First, Middle Initial)  
John M M Skrzypczak

Mailing Address 44 Crosby Rd

City	State	Zip Code
Ashburnham	MA	01430-1322

FEC ID number of contributing federal political committee. **C**

Name of Employer Bay State Emergency Medic- al	Occupation Emergency Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
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Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 2 / 2 0 0 9

Transaction ID: C760005

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 352 / 476  
(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)  
Mark Slabinski

Mailing Address Emergency Medicine Physicians  
4535 Dressler Rd NW

City Canton State OH Zip Code 44718

FEC ID number of contributing federal political committee. **C**

Name of Employer EMP Occupation Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 10 / 2009  
Transaction ID: C778393  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Jeanne L Slade

Mailing Address 6429 Georgetown Pike

City McLean State VA Zip Code 22101-2211

FEC ID number of contributing federal political committee. **C**

Name of Employer Ms. Jeanne L Slade Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761793  
Amount of Each Receipt this Period 1102.93

**C.** Full Name (Last, First, Middle Initial)  
Jeanne L Slade

Mailing Address 6429 Georgetown Pike

City McLean State VA Zip Code 22101-2211

FEC ID number of contributing federal political committee. **C**

Name of Employer Ms. Jeanne L Slade Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 09 / 03 / 2009  
Transaction ID: C776655  
Amount of Each Receipt this Period -1102.93

**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 353 / 476  
(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)  
Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 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 ▼ 950.01

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

Transaction ID: C761758

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 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 ▼ 950.01

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

Transaction ID: C773681

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Todd Slesinger

Mailing Address 427 Daub Ave

City State Zip Code  
Hewlett NY 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 ▼ 950.01

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

Transaction ID: C785403

Amount of Each Receipt this Period  
83.37

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.03**

**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 354 / 476  
(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)  
Todd Slesinger  
Mailing Address 427 Daub Ave  
City State Zip Code  
Hewlett NY 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 ▼ 950.01  
Date of Receipt 11 / 30 / 2009  
Transaction ID: C810215  
Amount of Each Receipt this Period 100.00

**B.** Full Name (Last, First, Middle Initial)  
Todd Slesinger  
Mailing Address 427 Daub Ave  
City State Zip Code  
Hewlett NY 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 ▼ 950.01  
Date of Receipt 12 / 31 / 2009  
Transaction ID: C839110  
Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Erik Sloan  
Mailing Address 2719 N Janssen Ave  
City State Zip Code  
Chicago IL 60614-1132  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Central DuPage Hosp Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00  
Date of Receipt 08 / 10 / 2009  
Transaction ID: C765392  
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 355 / 476  
(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)  
Stephen A A Small

Mailing Address 721 Templeton Ave

City State Zip Code  
Charlotte NC 28203-4554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787030**

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen A A Small

Mailing Address 721 Templeton Ave

City State Zip Code  
Charlotte NC 28203-4554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787046**

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen A A Small

Mailing Address 721 Templeton Ave

City State Zip Code  
Charlotte NC 28203-4554

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Mid-Atlantic Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787082**

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **51.00**

**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 356 / 476

(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)  
Stephen A A Small

Mailing Address 721 Templeton Ave

City State Zip Code  
Charlotte NC 28203-4554

FEC ID number of contributing federal political committee. C

Name of Employer: Mid-Atlantic Emer Phys  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848345

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
Stephen A A Small

Mailing Address 721 Templeton Ave

City State Zip Code  
Charlotte NC 28203-4554

FEC ID number of contributing federal political committee. C

Name of Employer: Mid-Atlantic Emer Phys  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848346

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Stephen A A Small

Mailing Address 721 Templeton Ave

City State Zip Code  
Charlotte NC 28203-4554

FEC ID number of contributing federal political committee. C

Name of Employer: Mid-Atlantic Emer Phys  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 204.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848347

Amount of Each Receipt this Period  
17.00

**SUBTOTAL** of Receipts This Page (optional) ..... 51.00

**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 357 / 476  
(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)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761736

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID:** C773689

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785388

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 358 / 476

(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)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C798604

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 3 0 / 2 0 0 9

Transaction ID: C810207

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City State Zip Code  
Wheeling WV 26003-9382

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Wheeling Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1200.00

Date of Receipt

M M / D D / Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839116

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 359 / 476  
(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)

Daniel C C Smith

Mailing Address 7347 Maka'a St

City State Zip Code  
Honolulu HI 96825-3108

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
The Emer Grp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
07 / 09 / 2009

Transaction ID: C749609

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Alan Alan Smith

Mailing Address 1250 E Almond Ave

City State Zip Code  
Madera CA 93637-5606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Madera Cmnty Hosp - ED Dir Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761861

Amount of Each Receipt this Period

367.64

**C.**

Full Name (Last, First, Middle Initial)

David Alan Alan Smith

Mailing Address 1250 E Almond Ave

City State Zip Code  
Madera CA 93637-5606

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Madera Cmnty Hosp - ED Dir Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2009

Transaction ID: C807842

Amount of Each Receipt this Period

96.00

**SUBTOTAL** of Receipts This Page (optional) .....

963.64

**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 360 / 476  
(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)  
Michael D D Smith

Mailing Address 6970 Crystal Crk Dr

City State Zip Code  
Brecksville OH 44141-2174

FEC ID number of contributing federal political committee. **C**

Name of Employer MetroHealth 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 9

**Transaction ID: C802037**

Amount of Each Receipt this Period  
250.00

**B.**

Full Name (Last, First, Middle Initial)  
Amy Jill Jill Snover

Mailing Address 100 Rhoads Hill Rd

City State Zip Code  
Danville PA 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 ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 8 / 2 0 0 9

**Transaction ID: C790770**

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Peter Erik Erik Sokolove

Mailing Address 3889 Exmoor Cir

City State Zip Code  
Sacramento CA 95864-5904

FEC ID number of contributing federal political committee. **C**

Name of Employer Univ of CA - Davis 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 2 / 2 0 0 9

**Transaction ID: C782321**

Amount of Each Receipt this Period  
750.00

**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 361 / 476  
(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)  
Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761768

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID:** C773668

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID:** C785402

Amount of Each Receipt this Period  
83.37

**SUBTOTAL** of Receipts This Page (optional) ..... ► **250.03**

**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 362 / 476  
(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)  
Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 4 / 2 0 0 9

Transaction ID: C787876

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 3 / 2 0 0 9

Transaction ID: C820031

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Robert C C Solomon

Mailing Address 108 Saddle Rdg

City State Zip Code  
Oakdale PA 15071-3726

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Steel Vly Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C839107

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 363 / 476

(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)

Annalise Sorrentino, MD, FACEP

Mailing Address 1671 Oak Park Ln

City State Zip Code  
Helena AL 35080-7749

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UAB Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 6 / 2 0 0 9

Transaction ID: C789512

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City State Zip Code  
Niskayuna NY 12309-1442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Albany Meml Hosp Chairman Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.01

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 3 / 2 0 0 9

Transaction ID: C766217

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Peter L L Sosnow

Mailing Address 37 Dublin Dr

City State Zip Code  
Niskayuna NY 12309-1442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Albany Meml Hosp Chairman Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 850.01

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 8 / 2 0 0 9

Transaction ID: C773669

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 364 / 476  
(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)  
Peter L L Sosnow

Mailing Address 37 Dublin Dr

City State Zip Code  
Niskayuna NY 12309-1442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Albany Meml Hosp Chairman Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.01

Date of Receipt  
MM / DD / YYYY  
09 / 28 / 2009

**Transaction ID: C785394**

Amount of Each Receipt this Period  
83.37

**B.**

Full Name (Last, First, Middle Initial)  
Peter L L Sosnow

Mailing Address 37 Dublin Dr

City State Zip Code  
Niskayuna NY 12309-1442

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Albany Meml Hosp Chairman Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.01

Date of Receipt  
MM / DD / YYYY  
12 / 03 / 2009

**Transaction ID: C811709**

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Theodore Spangler

Mailing Address 2573 Aylesbury St. NW

City State Zip Code  
North Canton OH 44720

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stark County Emergency Ph-ysicians, Inc Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2009

**Transaction ID: C771172**

Amount of Each Receipt this Period  
750.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **933.37**

**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 365 / 476  
(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)  
Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City Troy State NY Zip Code 12180-7132

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany Meml Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761767  
Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City Troy State NY Zip Code 12180-7132

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany Meml Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 08 / 28 / 2009  
Transaction ID: C773706  
Amount of Each Receipt this Period: 50.00

**C.** Full Name (Last, First, Middle Initial)  
Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City Troy State NY Zip Code 12180-7132

FEC ID number of contributing federal political committee. **C**

Name of Employer Albany Meml Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 09 / 28 / 2009  
Transaction ID: C785380  
Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 150.00

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 366 / 476

(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)

Alison Heather Heather Spear

Mailing Address 11 Maple Ave

City State Zip Code  
Troy NY 12180-7132

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Albany Meml Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 9 / 2 0 0 9

Transaction ID: C798593

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Mark J J Spiro

Mailing Address 832 Marisa Ln

City State Zip Code  
Encinitas CA 92024-6647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761823

Amount of Each Receipt this Period

367.64

**C.**

Full Name (Last, First, Middle Initial)

Mark J J Spiro

Mailing Address 832 Marisa Ln

City State Zip Code  
Encinitas CA 92024-6647

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Emer Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: C807852

Amount of Each Receipt this Period

96.00

**SUBTOTAL** of Receipts This Page (optional) .....

513.64

**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 367 / 476  
(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)

Barry Dean 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 St Francis 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 3 / 2 0 0 9

Transaction ID: C791385

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Keith D D Stamler

Mailing Address 26811 Westvale Rd

City Palos Verdes Penin State CA Zip Code 90274-4049

FEC ID number of contributing federal political committee. **C**

Name of Employer Zerowet 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 1 / 2 5 / 2 0 0 9

Transaction ID: C809692

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Arlen R Stauffer

Mailing Address 230 Fairgreen Ave

City New Smyrna Beach State FL Zip Code 32168-6192

FEC ID number of contributing federal political committee. **C**

Name of Employer Halifax Med Ctr Port Orange 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 9

Transaction ID: C780330

Amount of Each Receipt this Period

500.00

**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 368 / 476  
(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)  
Donald J J Steiner

Mailing Address 1 S 702 Birchbrook Ct

City State Zip Code  
Glen Ellyn IL 60137-6880

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Good Samaritan Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 2 / 2 8 / 2 0 0 9

**Transaction ID:** C820210

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard L L Stennes

Mailing Address 2533 Calle Del Oro

City State Zip Code  
La Jolla CA 92037-2005

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Richard L Stennes Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

**Transaction ID:** C802056

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Eric William Stern

Mailing Address 611 S Wells St #2403

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DES ED Attending

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 2 / 2 0 0 9

**Transaction ID:** C787747

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 369 / 476  
(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)  
Eric William Stern

Mailing Address 611 S Wells St  
#2403

City Chicago State IL Zip Code 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer DES Occupation ED Attending

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 02 / 2009  
Transaction ID: C798852  
Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Eric William Stern

Mailing Address 611 S Wells St  
#2403

City Chicago State IL Zip Code 60607

FEC ID number of contributing federal political committee. **C**

Name of Employer DES Occupation ED Attending

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 12 / 02 / 2009  
Transaction ID: C810559  
Amount of Each Receipt this Period 100.00

**C.**

Full Name (Last, First, Middle Initial)  
Joel A 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 ▼ 463.64

Date of Receipt 07 / 30 / 2009  
Transaction ID: C761852  
Amount of Each Receipt this Period 367.64

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 567.64

**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 370 / 476  
(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)  
Joel A A Stettner

Mailing Address 5877 Estates Dr

City State Zip Code  
Oakland CA 94611-3138

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CA Emerg Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID: C807831**

Amount of Each Receipt this Period  
96.00

**B.** Full Name (Last, First, Middle Initial)  
Lawrence M M Stock

Mailing Address 20540 Pacific Coast Hwy

City State Zip Code  
Malibu CA 90265-5402

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Antelope Valley Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

**Transaction ID: C749600**

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Angela L L Straface

Mailing Address 2214 Watercrest Dr

City State Zip Code  
Keller TX 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arlington Med Ctr Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 583.31

Date of Receipt  
MM / DD / YYYY  
07 / 17 / 2009

**Transaction ID: C754968**

Amount of Each Receipt this Period  
83.33

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1179.33**

**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 371 / 476

(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)

Angela L L Straface

Mailing Address 2214 Watercrest Dr

City State Zip Code  
Keller TX 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arlington Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761713

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Angela L L Straface

Mailing Address 2214 Watercrest Dr

City State Zip Code  
Keller TX 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arlington Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773707

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Angela L L Straface

Mailing Address 2214 Watercrest Dr

City State Zip Code  
Keller TX 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arlington Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 583.31

Date of Receipt

M M / D D / Y Y Y Y  
09 / 28 / 2009

Transaction ID: C785387

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 372 / 476  
(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)  
Angela L L Straface

Mailing Address 2214 Watercrest Dr

City State Zip Code  
Keller TX 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arlington Med Ctr 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 / 2 9 / 2 0 0 9

Transaction ID: C798595

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Angela L L Straface

Mailing Address 2214 Watercrest Dr

City State Zip Code  
Keller TX 76248-8341

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Arlington Med Ctr 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 1 / 3 0 / 2 0 0 9

Transaction ID: C810208

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Pamela J J Stuart

Mailing Address 1125 Vintage Ct

City State Zip Code  
San Martin CA 95046-9480

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Louise Reg Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 417.64

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761862

Amount of Each Receipt this Period

367.64

**SUBTOTAL** of Receipts This Page (optional) .....

534.30

**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 373 / 476  
(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)  
Thomas Jerome Jerome Sugarman

Mailing Address 1563 Solano PMB 463

City State Zip Code  
Berkeley CA 94707-2116

FEC ID number of contributing federal political committee. **C**

Name of Employer Sutter Delta Hosp      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      346.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	1	9	/	2	0	0	9

**Transaction ID: C807832**  
 Amount of Each Receipt this Period  
 96.00

**B.** Full Name (Last, First, Middle Initial)  
Christine Sullivan

Mailing Address 12408 Lamar Ave

City State Zip Code  
Overland Park KS 66209-2703

FEC ID number of contributing federal political committee. **C**

Name of Employer Truman Med Ctr ED      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	4	/	2	0	0	9

**Transaction ID: C787848**  
 Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Daniel J J Sullivan

Mailing Address Attn: Christina Sabella  
450 S Summit Ave Ste 320

City State Zip Code  
Oakbrook Terrace IL 60181-3014

FEC ID number of contributing federal political committee. **C**

Name of Employer Attn: Christina Sabella      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	9

**Transaction ID: C764044**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2096.00**

**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 374 / 476  
(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)  
William P P Sullivan

Mailing Address 342 N LaGrange Rd # 365

City State Zip Code  
Frankfort IL 60423-2008

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. William P Sullivan 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 9

Transaction ID: C787818

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Joan Surdukowski

Mailing Address 80 Sand Piper Crescent

City State Zip Code  
Milford CT 06460-7969

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Raphaels Hosp 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 / 2 2 / 2 0 0 9

Transaction ID: C782309

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)  
Brian Sutton

Mailing Address 47 Stephanie Ln

City State Zip Code  
Westfield MA 01085-1484

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Westfield Emer Phys Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761714

Amount of Each Receipt this Period

125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

475.00

**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 375 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Richard L L Sutton		Date of Receipt
	Mailing Address 2500 Roswell Ave		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28209-1650
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C787026
Name of Employer Mid-Atlantic Emerg Med As-soc		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="240.00"/>	<input type="text" value="20.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Richard L L Sutton		Date of Receipt
	Mailing Address 2500 Roswell Ave		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28209-1650
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C787045
Name of Employer Mid-Atlantic Emerg Med As-soc		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="240.00"/>	<input type="text" value="20.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard L L Sutton		Date of Receipt
	Mailing Address 2500 Roswell Ave		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Charlotte	NC	28209-1650
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> C787081
Name of Employer Mid-Atlantic Emerg Med As-soc		Occupation Emergency Physician	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="240.00"/>
		<input type="text" value="240.00"/>	<input type="text" value="20.00"/>

**SUBTOTAL** of Receipts This Page (optional) ..... ▶

**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 376 / 476

(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)  
Richard L L Sutton

Mailing Address 2500 Roswell Ave

City State Zip Code  
Charlotte NC 28209-1650

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 ▼ 240.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848331

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Richard L L Sutton

Mailing Address 2500 Roswell Ave

City State Zip Code  
Charlotte NC 28209-1650

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 ▼ 240.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848332

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Richard L L Sutton

Mailing Address 2500 Roswell Ave

City State Zip Code  
Charlotte NC 28209-1650

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 ▼ 240.00

Date of Receipt MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C848333

Amount of Each Receipt this Period  
20.00

**SUBTOTAL** of Receipts This Page (optional) ..... 60.00

**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 377 / 476  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Ted W W Switzer</p> <p>Mailing Address 14719 Sir Huon St</p> <p>City State Zip Code San Antonio TX 78248-1147</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Dr. Ted W Switzer Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ 1100.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 05 / 2009</p> <p><b>Transaction ID:</b> C780412</p> <p>Amount of Each Receipt this Period 100.00</p>
--	---

<p><b>B.</b> Full Name (Last, First, Middle Initial) Ted W W Switzer</p> <p>Mailing Address 14719 Sir Huon St</p> <p>City State Zip Code San Antonio TX 78248-1147</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Dr. Ted W Switzer Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ 1100.00</p>	<p>Date of Receipt MM / DD / YYYY 10 / 04 / 2009</p> <p><b>Transaction ID:</b> C787840</p> <p>Amount of Each Receipt this Period 1000.00</p>
--	--

<p><b>C.</b> Full Name (Last, First, Middle Initial) Mark J J Tamsen</p> <p>Mailing Address Emergency Care Dynamics PO Box 370630</p> <p>City State Zip Code San Diego CA 92137-0630</p> <p>FEC ID number of contributing federal political committee. <b>C</b></p> <p>Name of Employer Occupation Emergency Care Dynamics Emergency Physician</p> <p>Receipt For: Aggregate Year-to-Date ▼  <input type="checkbox"/> Primary <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼ 1100.00</p>	<p>Date of Receipt MM / DD / YYYY 08 / 28 / 2009</p> <p><b>Transaction ID:</b> C773709</p> <p>Amount of Each Receipt this Period 100.00</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1200.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 378 / 476  
(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)  
Marc David 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 Saddleback Memorial Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761873  
Amount of Each Receipt this Period: 367.64

**B.**

Full Name (Last, First, Middle Initial)  
Marc David 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 Saddleback Memorial Med Ctr Occupation Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt: 11 / 19 / 2009  
Transaction ID: C807844  
Amount of Each Receipt this Period: 96.00

**C.**

Full Name (Last, First, Middle Initial)  
Todd Brian Taylor

Mailing Address 2714 Westwood Ave

City Nashville State TN Zip Code 37212

FEC ID number of contributing federal political committee. **C**

Name of Employer Microsoft Occupation Physician Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 15 / 2009  
Transaction ID: C778617  
Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **713.64**

**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 379 / 476  
(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)  
Milton R R Teske

Mailing Address 8939 N Chestnut Ave # 402

City State Zip Code  
Fresno CA 93720-5366

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Selma District Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 367.64

Date of Receipt  
M M / D D / Y Y Y Y Y  
07 / 30 / 2009

**Transaction ID:** C761860

Amount of Each Receipt this Period  
367.64

**B.** Full Name (Last, First, Middle Initial)  
Joseph Michael Testa

Mailing Address 207 Johns Lane

City State Zip Code  
Neshanic Station NJ 08853

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Emergency Medical Associates ED 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  
09 / 08 / 2009

**Transaction ID:** C777064

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Edd D D Thomas

Mailing Address PO Box 680923

City State Zip Code  
Marietta GA 30068-0016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Edd D Thomas 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  
10 / 19 / 2009

**Transaction ID:** C794000

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2367.64**

**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 380 / 476  
(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)  
Ronald G G Thomas

Mailing Address 1310 Alexander Dr

City State Zip Code  
Guilford CT 06437-5031

FEC ID number of contributing federal political committee. **C**

Name of Employer: Hosp of Saint Raphael   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 08 / 28 / 2009  
Transaction ID: C773680  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Ronald G G Thomas

Mailing Address 1310 Alexander Dr

City State Zip Code  
Guilford CT 06437-5031

FEC ID number of contributing federal political committee. **C**

Name of Employer: Hosp of Saint Raphael   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 11 / 30 / 2009  
Transaction ID: C810239  
Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher C C Thompson

Mailing Address 2547 Nicolet Dr

City State Zip Code  
Green Bay WI 54311-7225

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. Christopher C Thompson   Occupation: Emergency Physician

Receipt For:  Primary    General    Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 15 / 2009  
Transaction ID: C792233  
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 381 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Jennifer N N Thompson		Date of Receipt MM / DD / YYYY 11 / 12 / 2009
	Mailing Address 4063 S Four Mile Run Dr # 201		<b>Transaction ID:</b> C804567
	City Arlington	State VA	Zip Code 22204-5606
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 300.00
	Name of Employer Washington Hosp Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Trenten D D Thorn		Date of Receipt MM / DD / YYYY 07 / 09 / 2009
	Mailing Address 1449 Lincoln St		<b>Transaction ID:</b> C749624
	City Salt Lake City	State UT	Zip Code 84105-2317
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
	Name of Employer EPIC LLC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Bryce Tiller		Date of Receipt MM / DD / YYYY 07 / 08 / 2009
	Mailing Address 7609 Wexford Club Dr E		<b>Transaction ID:</b> C747905
	City Jacksonville	State FL	Zip Code 32256-2331
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00
	Name of Employer Meml Hosp Jacksonville	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1400.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 382 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Kevin Matthew Matthew Timmel		Date of Receipt MM / DD / YYYY 08 / 06 / 2009		
	Mailing Address 12649 N Schicks Rdg Rd		<b>Transaction ID:</b> C764041		
	City Boise	State ID	Zip Code 83714-9456	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Emerg Med Idaho	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Wenzel Tirheimer, III		Date of Receipt MM / DD / YYYY 07 / 30 / 2009		
	Mailing Address 13404 Golf Crest Way		<b>Transaction ID:</b> C761834		
	City Tampa	State FL	Zip Code 33618-8621	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Dr. Wenzel Tirheimer, III	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Douglas E E Todd		Date of Receipt MM / DD / YYYY 08 / 05 / 2009		
	Mailing Address 11403 Normanton Way		<b>Transaction ID:</b> C780416		
	City San Diego	State CA	Zip Code 92131-2906	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. <b>C</b>				
	Name of Employer Rancho Springs Med Ctr	Occupation Emergency Physician			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	2100.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 383 / 476

(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)  
Prentice A A Tom

Mailing Address 226 Via La Posada

City State Zip Code  
Los Gatos CA 95032-1641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Good Samaritan Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
07 / 30 / 2009

Transaction ID: C761816

Amount of Each Receipt this Period

367.64

**B.**

Full Name (Last, First, Middle Initial)  
Prentice A A Tom

Mailing Address 226 Via La Posada

City State Zip Code  
Los Gatos CA 95032-1641

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Good Samaritan Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 463.64

Date of Receipt

M M / D D / Y Y Y Y  
11 / 19 / 2009

Transaction ID: C807827

Amount of Each Receipt this Period

96.00

**C.**

Full Name (Last, First, Middle Initial)  
Vicken Y Y Totten

Mailing Address 14500 Southpark Blvd

City State Zip Code  
Shaker Hts OH 44120-1330

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ Hosp Casé Med Ctr 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  
10 / 03 / 2009

Transaction ID: C802077

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

713.64

**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 384 / 476  
(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)  
Larisa May May Traill

Mailing Address 22844 Renford St

City State Zip Code  
Novi MI 48375-4529

FEC ID number of contributing federal political committee. **C**

Name of Employer: Detroit Med-Sinai Grace Hosp  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 10 / 03 / 2009  
**Transaction ID: C802087**  
 Amount of Each Receipt this Period: 50.00

**B.** Full Name (Last, First, Middle Initial)  
Hung V V Tran

Mailing Address 520 Glenmoor Cir

City State Zip Code  
Milpitas CA 95035-2950

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. Hung V Tran  
Occupation: Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 12 / 23 / 2009  
**Transaction ID: C820019**  
 Amount of Each Receipt this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Kim E E Tranquada

Mailing Address 726 W Sand Rake Dr

City State Zip Code  
Oro Vly AZ 85755-6799

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 ▼ 500.00

Date of Receipt: 07 / 14 / 2009  
**Transaction ID: C750677**  
 Amount of Each Receipt this Period: 500.00

**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 385 / 476  
(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)  
David N N Trickey

Mailing Address 456 Pinewood Way

City State Zip Code  
Cataula GA 31804-4483

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Martin Army Cmnty Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID:** C798737

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Borys Trochym

Mailing Address 220 Browns Drive

City State Zip Code  
Easton PA 18042-9443

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Emergency Medical Associates Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 10 / 2009

**Transaction ID:** C803346

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Philip F F Troiano, III

Mailing Address 945 N 12th St  
Aurora Sinai Hosp ED

City State Zip Code  
Milwaukee WI 53233-1305

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Aurora Sinai Hosp ED Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 11 / 2009

**Transaction ID:** C750250

Amount of Each Receipt this Period  
250.00

**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 386 / 476  
(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)  
Josh Trutt

Mailing Address 100 W 72nd St Apt 2A  
Apt 2502

City State Zip Code  
New York NY 10023-3343

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Josh Trutt Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 30 / 2009

**Transaction ID: C798727**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Joseph Adrian Adrian Tyndall

Mailing Address PO Box 10186  
PO Box 10186

City State Zip Code  
Gainesville FL 32610-0186

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of FL - Dept of EM Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2009

**Transaction ID: C787841**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew Brent Brent Underwood

Mailing Address 9799 Diamond St

City State Zip Code  
Yucaipa CA 92399-2943

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Riverside Cmnty Hosp Emergency Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
446.00

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID: C807898**

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1096.00**

**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 387 / 476

(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)  
John D D Uphold

Mailing Address Beverly Hosp  
309 W Beverly Blvd

City State Zip Code  
Montebello CA 90640-4308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Physicians Choice 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  
09 / 18 / 2009

Transaction ID: C780387

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)  
Bradley J J Uren

Mailing Address 8115 Pettysville Rd

City State Zip Code  
Pinckney MI 48169-8281

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of MI 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  
10 / 03 / 2009

Transaction ID: C802084

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)  
Philip C C Van Dongen

Mailing Address 75 May Apple Ln

City State Zip Code  
Martinsburg WV 25403-1123

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Philip C Van Dongen 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 / 24 / 2009

Transaction ID: C760962

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 388 / 476  
(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)  
David E E Van Ryn

Mailing Address 51192 Stratford Dr

City State Zip Code  
Elkhart IN 46514-9110

FEC ID number of contributing federal political committee. **C**

Name of Employer Elkhart Emer Phys      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	9	/	2	0	0	9

**Transaction ID:** C749635

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Yalani Light Light Vanzura

Mailing Address 132 Mary Ellen Dr

City State Zip Code  
Charleston SC 29403-3375

FEC ID number of contributing federal political committee. **C**

Name of Employer MUSC Emerg Svcs      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      250.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	0	6	/	2	0	0	9

**Transaction ID:** C764034

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Marc-Anthony Q Q Velilla

Mailing Address 2808 Addison Cir S

City State Zip Code  
Oakland Twp MI 48306-4922

FEC ID number of contributing federal political committee. **C**

Name of Employer Med Ctr Emer Svc      Occupation Emergency Physician

Receipt For:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      1000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	0	6	/	2	0	0	9

**Transaction ID:** C789471

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 389 / 476  
(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)  
Marc-Anthony Q Q Velilla

Mailing Address 2808 Addison Cir S

City State Zip Code  
Oakland Twp MI 48306-4922

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Med Ctr Emer Svc 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 / 3 0 / 2 0 0 9

Transaction ID: C810234

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Barbara B B Victor

Mailing Address 26231 Glen Canyon Dr

City State Zip Code  
Laguna Hills CA 92653-6327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Garden Grove Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 563.64

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 3 0 / 2 0 0 9

Transaction ID: C761864

Amount of Each Receipt this Period

367.64

**C.**

Full Name (Last, First, Middle Initial)  
Barbara B B Victor

Mailing Address 26231 Glen Canyon Dr

City State Zip Code  
Laguna Hills CA 92653-6327

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Garden Grove Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 563.64

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 1 9 / 2 0 0 9

Transaction ID: C807886

Amount of Each Receipt this Period

96.00

**SUBTOTAL** of Receipts This Page (optional) .....

963.64

**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 390 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Gregory A A Volturo		Date of Receipt MM / DD / YYYY 08 / 03 / 2009
	Mailing Address 350 Ball Hill Rd		<b>Transaction ID:</b> C763172
	City Princeton	State MA	Zip Code 01541-1712
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
	Name of Employer Univ of MA Med Ctr ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner		Date of Receipt MM / DD / YYYY 07 / 30 / 2009
	Mailing Address 5425 Nottingham N		<b>Transaction ID:</b> C761712
	City Saginaw	State MI	Zip Code 48603-2821
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary Jo Jo Wagner		Date of Receipt MM / DD / YYYY 09 / 28 / 2009
	Mailing Address 5425 Nottingham N		<b>Transaction ID:</b> C785386
	City Saginaw	State MI	Zip Code 48603-2821
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
	Name of Employer Synergy Med Educ Alliance	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00	

**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 391 / 476  
(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)  
Gregory Link Link Walker

Mailing Address 345 Broken Hills

City State Zip Code  
Mason MI 48854-8603

FEC ID number of contributing federal political committee. **C**

Name of Employer: Edward W Sparrow Hosp  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt: MM / DD / YYYY  
07 / 09 / 2009

Transaction ID: C749643

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Gregory Link Link Walker

Mailing Address 345 Broken Hills

City State Zip Code  
Mason MI 48854-8603

FEC ID number of contributing federal political committee. **C**

Name of Employer: Edward W Sparrow Hosp  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt: MM / DD / YYYY  
10 / 06 / 2009

Transaction ID: C789497

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Cheng Wang

Mailing Address 503A Manila Ave

City State Zip Code  
Jersey City NJ 07302

FEC ID number of contributing federal political committee. **C**

Name of Employer: Emergency Medical Associates  
Occupation: Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: MM / DD / YYYY  
09 / 14 / 2009

Transaction ID: C778568

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 392 / 476

(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)  
Bruce D D Wapen

Mailing Address 969G Edgewater Blvd Apt 807

City	State	Zip Code
Foster City	CA	94404-3775

FEC ID number of contributing federal political committee. **C**

Name of Employer Mills Peninsula Emer Med Grp	Occupation Emergency Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00
---	------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
09 / 11 / 2009

Transaction ID: C778485

Amount of Each Receipt this Period  
100.00

B.

Full Name (Last, First, Middle Initial)  
Matthew J J Watson

Mailing Address 1280 Longpointe Pass

City	State	Zip Code
Alpharetta	GA	30005-2284

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Matthew J Watson	Occupation Emergency Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773673

Amount of Each Receipt this Period  
250.00

C.

Full Name (Last, First, Middle Initial)  
Matthew J J Watson

Mailing Address 1280 Longpointe Pass

City	State	Zip Code
Alpharetta	GA	30005-2284

FEC ID number of contributing federal political committee. **C**

Name of Employer Dr. Matthew J Watson	Occupation Emergency Physician
--	-----------------------------------

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

Date of Receipt

M M / D D / Y Y Y Y  
10 / 03 / 2009

Transaction ID: C802024

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 393 / 476

(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)  
Andrew K K Watters

Mailing Address 2809 E Winston St

City State Zip Code  
Bloomington IN 47401-4451

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Unity Phys 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 6 / 2 0 0 9

Transaction ID: C764042

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)  
Deborah E E Weber

Mailing Address 1420 Shawnee Trl

City State Zip Code  
Riverwoods IL 60015-1631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Lutheran Gen Hosp ED 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 3 / 2 0 0 9

Transaction ID: C802091

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Thomas H H Webster

Mailing Address 2624 Unicornio St

City State Zip Code  
Carlsbad CA 92009-5333

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
TriCity Emer Méd Grp 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 4 / 2 0 0 9

Transaction ID: C750668

Amount of Each Receipt this Period

250.00

**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 394 / 476  
(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)  
Ellis Wecker

Mailing Address 2105 S Bascom Ave Ste 360

City State Zip Code  
Campbell CA 95008-3278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CEP America Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID: C761865**

Amount of Each Receipt this Period  
367.64

**B.**

Full Name (Last, First, Middle Initial)  
Ellis Wecker

Mailing Address 2105 S Bascom Ave Ste 360

City State Zip Code  
Campbell CA 95008-3278

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
CEP America Med Grp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 463.64

Date of Receipt  
MM / DD / YYYY  
11 / 19 / 2009

**Transaction ID: C807846**

Amount of Each Receipt this Period  
96.00

**C.**

Full Name (Last, First, Middle Initial)  
Arlo F F Weltge

Mailing Address 5213 Valerie St

City State Zip Code  
Bellaire TX 77401-4826

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UT Med School Houston physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID: C802092**

Amount of Each Receipt this Period  
100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **563.64**

**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 395 / 476  
(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)  
Arlo F F Weltge

Mailing Address 5213 Valerie St

City State Zip Code  
Bellaire TX 77401-4826

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UT Med School Houston physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 12 / 2009

**Transaction ID:** C804572

Amount of Each Receipt this Period  
444.45

**B.** Full Name (Last, First, Middle Initial)  
Arlo F F Weltge

Mailing Address 5213 Valerie St

City State Zip Code  
Bellaire TX 77401-4826

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
UT Med School Houston physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
MM / DD / YYYY  
11 / 16 / 2009

**Transaction ID:** C805528

Amount of Each Receipt this Period  
-444.45

**C.** Full Name (Last, First, Middle Initial)  
Howard A A Werman

Mailing Address 2827 W Dublin Granville Rd

City State Zip Code  
Columbus OH 43235-2712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Howard A Werman Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 22 / 2009

**Transaction ID:** C760011

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **250.00**

**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 396 / 476  
(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)  
Edward M M West, Jr  
Mailing Address 3976 Millbrook Dr  
City Santa Rosa State CA Zip Code 95404-7613  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Santa Rosa Meml Hosp Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 12 / 31 / 2009  
Transaction ID: C839087  
Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mark Dennis Dennis Westfall  
Mailing Address 2413 Woodland Ter  
City Neenah State WI Zip Code 54956-4824  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Theda Clark Med Ctr Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 07 / 30 / 2009  
Transaction ID: C761784  
Amount of Each Receipt this Period 250.00

**C.** Full Name (Last, First, Middle Initial)  
Brenden M M Wetherton  
Mailing Address 3910 Clarke Pointe Ct  
City Crestwood State KY Zip Code 40014-7789  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Central Kentucky Emer Svcs Occupation Emergency Physician  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1100.00  
Date of Receipt 07 / 20 / 2009  
Transaction ID: C758853  
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 397 / 476  
(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)  
Brenden M M Wetherton

Mailing Address 3910 Clarke Pointe Ct

City State Zip Code  
Crestwood KY 40014-7789

FEC ID number of contributing federal political committee. **C**

Name of Employer: Central Kentucky Emer Svcs  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1100.00

Date of Receipt: 07 / 28 / 2009  
Transaction ID: C761293  
Amount of Each Receipt this Period: 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Gordon Wheeler

Mailing Address ACEP  
2121 K St NW Ste 325

City State Zip Code  
Washington DC 20037-1886

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mr. Gordon Wheeler  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761777  
Amount of Each Receipt this Period: 100.00

**C.** Full Name (Last, First, Middle Initial)  
Christopher R White

Mailing Address PO Box 298

City State Zip Code  
Aurora OH 44202

FEC ID number of contributing federal political committee. **C**

Name of Employer: Stark County Emer. Physicians  
Occupation: EM Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 08 / 25 / 2009  
Transaction ID: C770605  
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 398 / 476  
(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)  
William A A White

Mailing Address 510 Powell Dr

City State Zip Code  
Annapolis MD 21401-6527

FEC ID number of contributing federal political committee. **C**

Name of Employer EMA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
08 / 28 / 2009

**Transaction ID: C773562**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
William A A White

Mailing Address 510 Powell Dr

City State Zip Code  
Annapolis MD 21401-6527

FEC ID number of contributing federal political committee. **C**

Name of Employer EMA Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
12 / 07 / 2009

**Transaction ID: C812403**

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis C C Whitehead

Mailing Address 1721 S Stephenson

City State Zip Code  
Iron Mountain MI 49801-3637

FEC ID number of contributing federal political committee. **C**

Name of Employer Dickinson County Memorial Hosp Occupation Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2009

**Transaction ID: C749626**

Amount of Each Receipt this Period  
350.00

**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 399 / 476

(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael E E Whiting		Date of Receipt MM / DD / YYYY 10 / 15 / 2009		
	Mailing Address 1224 Camino De Cruz Blanca		<b>Transaction ID:</b> C792261		
	City Santa Fe	State NM	Zip Code 87505-0380	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Northern New Mexico Emergency	Occupation Emergency Physician	Aggregate Year-to-Date 250.00		

<b>B.</b>	Full Name (Last, First, Middle Initial) adrian whorton		Date of Receipt MM / DD / YYYY 08 / 19 / 2009		
	Mailing Address 4533 w laurel dr ne		<b>Transaction ID:</b> C768893		
	City seattle	State WA	Zip Code 98105	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Evergreen Emergency Services	Occupation Physician	Aggregate Year-to-Date 500.00		

<b>C.</b>	Full Name (Last, First, Middle Initial) Iris Wiegenstein		Date of Receipt MM / DD / YYYY 08 / 28 / 2009		
	Mailing Address 466 Eden Bay Dr		<b>Transaction ID:</b> C773726		
	City Naples	State FL	Zip Code 34110-7037	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Ms. Iris Wiegenstein	Occupation Emergency Physician	Aggregate Year-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 400 / 476  
(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)  
Ethan Wiener

Mailing Address 9 Clinton Ave

City State Zip Code  
Maplewood NJ 07040

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	2	3	/	2	0	0	9

**Transaction ID:** C967228

Amount of Each Receipt this Period  
700.00

**B.** Full Name (Last, First, Middle Initial)  
David E E Wilcox

Mailing Address 8 Aspen Dr

City State Zip Code  
S Glastonbury CT 06073-2938

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Dr. David E Wilcox 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	3	/	2	0	0	9

**Transaction ID:** C820043

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
James M M Williams

Mailing Address 302 Rosemary Ave

City State Zip Code  
San Antonio TX 78209-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer Information Requested Occupation Information Requested  
Methodist Spec & Transpl Hosp 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	6	/	2	0	0	9

**Transaction ID:** C783055

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

**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 401 / 476  
(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)  
James M M Williams

Mailing Address 302 Rosemary Ave

City State Zip Code  
San Antonio TX 78209-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Methodist Spec & Transp Hosp Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 9

Transaction ID: C802043

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Sarah Roberts Roberts Williams

Mailing Address 1228 Laurel Hill Dr

City State Zip Code  
San Mateo CA 94402-3810

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stanford Univ Hosp, ED Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 0 6 / 2 0 0 9

Transaction ID: C764033

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)  
Steven R R Wilner

Mailing Address PO Box 5087

City State Zip Code  
Frisco CO 80443-5087

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Vail Valley Emerg Phys Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: C760134

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 402 / 476  
(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) Neil E E Winston		Date of Receipt MM / DD / YYYY 07 / 29 / 2009
Mailing Address 1476 S Prairie Ave Unit C		<b>Transaction ID:</b> C761347
City Chicago	State IL	Zip Code 60605-3343
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Dr. Neil E Winston	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**B.**

Full Name (Last, First, Middle Initial) David Wirtz		Date of Receipt MM / DD / YYYY 07 / 02 / 2009
Mailing Address 1 Highgate NE		<b>Transaction ID:</b> C746963
City Ithaca	State NY	Zip Code 14850
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 200.00
Name of Employer EMP	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Daniel Woodard		Date of Receipt MM / DD / YYYY 07 / 14 / 2009
Mailing Address Bionetics Corp Mail Code BIO-1		<b>Transaction ID:</b> C750696
City Kennedy Sp Ctr	State FL	Zip Code 32899-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Bionetics Corp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 403 / 476  
(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)  
Michael A A Woods

Mailing Address 1707 Hagen Ave

City State Zip Code  
Chesterton IN 46304-8940

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Michael A Woods Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 15 / 2009

Transaction ID: C792248

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)  
Jody Wozniak

Mailing Address 199 Forestwood Dr

City State Zip Code  
Northfield OH 44067

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Stark County Emergency Physicians Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
08 / 28 / 2009

Transaction ID: C773351

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Gary David David Wright

Mailing Address 4299 W Morning Mist Dr

City State Zip Code  
Fayetteville AR 72704-6375

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Washington Regl Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
10 / 04 / 2009

Transaction ID: C787828

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3000.00

**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 404 / 476  
(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)  
Thomas E E Wyatt

Mailing Address 3925 Drew Ave S

City State Zip Code  
Minneapolis MN 55410-1049

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EPPA Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
10 / 03 / 2009

**Transaction ID:** C802044

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
Howard M M Yang

Mailing Address 7031 Casa Encantada St  
Apt 2054

City State Zip Code  
Las Vegas NV 89118-0564

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
St Rose Dominican Hosps Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID:** C839089

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
Barbara Jean Jean Yates

Mailing Address 1216 E 527th Rd

City State Zip Code  
Morrisville MO 65710-8104

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Cedar Cnty Meml Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
07 / 14 / 2009

**Transaction ID:** C750683

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 405 / 476  
(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)  
Gary Newman Newman Yee

Mailing Address 15611 Oyster Cove Dr

City State Zip Code  
Sugar Land TX 77478-3364

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
GHEP Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
MM / DD / YYYY  
09 / 10 / 2009

**Transaction ID:** C778462

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick Todd Todd Yontek

Mailing Address 27518 Pine Point Dr

City State Zip Code  
Wesley Chapel FL 33544-8756

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ Cmnty Hosp Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 30 / 2009

**Transaction ID:** C761807

Amount of Each Receipt this Period  
1000.00

**C.** Full Name (Last, First, Middle Initial)  
Matthew Stephen Stephen Young

Mailing Address 8905 Sundance Rdg

City State Zip Code  
Texarkana TX 75503-9583

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Matthew Stéphen Young Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 367.64

Date of Receipt  
MM / DD / YYYY  
09 / 03 / 2009

**Transaction ID:** C776656

Amount of Each Receipt this Period  
367.64

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1467.64**

**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 406 / 476  
(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)  
Brian S S Zachariah

Mailing Address 301 University Blvd

City State Zip Code  
Galveston TX 77555-5302

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 ▼ 750.00

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761750  
Amount of Each Receipt this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Michael J J Zappa

Mailing Address 2290 Seven Oaks Ln

City State Zip Code  
West Palm Beach FL 33410-2006

FEC ID number of contributing federal political committee. **C**

Name of Employer: Emer Phys Enterprse Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 10 / 04 / 2009  
Transaction ID: C787851  
Amount of Each Receipt this Period: 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. **C**

Name of Employer: Dr. Shane Edward Zatkalik Occupation: Emergency Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 749.97

Date of Receipt: 07 / 30 / 2009  
Transaction ID: C761778  
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 407 / 476

(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)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Shane Edward Zatkalik 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 Y  
08 / 28 / 2009

Transaction ID: C773688

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Shane Edward Zatkalik 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 Y  
09 / 28 / 2009

Transaction ID: C785390

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Dr. Shane Edward Zatkalik 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 Y  
10 / 29 / 2009

Transaction ID: C798591

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 408 / 476  
(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)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Dr. Shane Edward Zatkalik      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	1	/	3	0	/	2	0	0	9

**Transaction ID:** C810214

Amount of Each Receipt this Period  
83.33

**B.** Full Name (Last, First, Middle Initial)  
Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City State Zip Code  
Coppell TX 75019-4188

FEC ID number of contributing federal political committee. **C**

Name of Employer  
Dr. Shane Edward Zatkalik      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	/	3	1	/	2	0	0	9

**Transaction ID:** C839127

Amount of Each Receipt this Period  
83.33

**C.** Full Name (Last, First, Middle Initial)  
W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City State Zip Code  
Charlotte NC 28226-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer  
MidAtlantic Emerg Med Ass-  
oc      Occupation  
Emergency Physician

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
276.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	3	0	/	2	0	0	9

**Transaction ID:** C787011

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **191.66**

**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 409 / 476  
(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)  
W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City State Zip Code  
Charlotte NC 28226-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer: MidAtlantic Emerg Med Ass-oc  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787014**

Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City State Zip Code  
Charlotte NC 28226-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer: MidAtlantic Emerg Med Ass-oc  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: MM / DD / YYYY  
09 / 30 / 2009

**Transaction ID: C787069**

Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City State Zip Code  
Charlotte NC 28226-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer: MidAtlantic Emerg Med Ass-oc  
Occupation: Emergency Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 276.00

Date of Receipt: MM / DD / YYYY  
12 / 31 / 2009

**Transaction ID: C848543**

Amount of Each Receipt this Period: 17.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 67.00

**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 410 / 476  
(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)  
W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City State Zip Code  
Charlotte NC 28226-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MidAtlantic Emerg Med Ass- Emergency Physician  
oc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848544

Amount of Each Receipt this Period  
17.00

**B.**

Full Name (Last, First, Middle Initial)  
W Matthew Zban

Mailing Address 6526 Greenway Bend Dr

City State Zip Code  
Charlotte NC 28226-5560

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
MidAtlantic Emerg Med Ass- Emergency Physician  
oc

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 276.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 2 / 3 1 / 2 0 0 9

Transaction ID: C848545

Amount of Each Receipt this Period  
17.00

**C.**

Full Name (Last, First, Middle Initial)  
Wesley Zeger

Mailing Address 290 Skyline Dr

City State Zip Code  
Elkhorn NE 68022-1788

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ of NE Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 7 / 2 3 / 2 0 0 9

Transaction ID: C760125

Amount of Each Receipt this Period  
250.00

**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 411 / 476  
(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)  
Neil H H Zelin

Mailing Address 3365 McGraw Ln

City State Zip Code  
Lafayette CA 94549-2313

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Alta Bates Medical Center Emergency Physician  
ED

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 225.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 09 / 2009

**Transaction ID: C778382**

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Carsten Zieger

Mailing Address 2030 Via Zacata PI

City State Zip Code  
Arroyo Grande CA 93420-9631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
French Hosp Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 463.64

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 30 / 2009

**Transaction ID: C761832**

Amount of Each Receipt this Period  
367.64

**C.** Full Name (Last, First, Middle Initial)  
Carsten Zieger

Mailing Address 2030 Via Zacata PI

City State Zip Code  
Arroyo Grande CA 93420-9631

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
French Hosp Med Ctr Emergency Physician

Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 463.64

Date of Receipt  
M M / D D / Y Y Y Y  
11 / 19 / 2009

**Transaction ID: C807922**

Amount of Each Receipt this Period  
96.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **563.64**

**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 412 / 476  
(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)  
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Partners 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 Y  
1 0 / 0 7 / 2 0 0 9

**Transaction ID:** C790114

Amount of Each Receipt this Period  
83.33

**B.**

Full Name (Last, First, Middle Initial)  
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Partners 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 Y  
1 2 / 2 3 / 2 0 0 9

**Transaction ID:** C820029

Amount of Each Receipt this Period  
83.33

**C.**

Full Name (Last, First, Middle Initial)  
Andrew R R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing federal political committee. **C**

Name of Employer Health Partners 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 Y  
1 2 / 3 1 / 2 0 0 9

**Transaction ID:** C839113

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 413 / 476  
(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

<b>A.</b>	Full Name (Last, First, Middle Initial) Bradley Alan Alan Zlotnick		Date of Receipt																					
	Mailing Address 3525 Del Mar Hts Rd # 139		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	4		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	4		2	0	0	9														
	City	State	Zip Code	<b>Transaction ID:</b> C787824																				
	San Diego	CA	92130-2122	Amount of Each Receipt this Period																				
FEC ID number of contributing federal political committee.		C	250.00																					
Name of Employer Dr. Bradley Alan Zlotnick		Occupation Emergency Physician																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼																						
		250.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	340081.35

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 414 / 476  
(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)  
Benjamin Bernstein

Mailing Address 4 South St

City State Zip Code  
Great Neck NY 11023-1219

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Emergency Medical Associates 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  
09 / 03 / 2009

**Transaction ID:** C794129

Amount of Each Receipt this Period  
-1000.00

**B.** Full Name (Last, First, Middle Initial)  
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 700 12th Street, NW  
Suite 700

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C** C00372102

Name of Employer Occupation

Receipt For: 2010  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 29 / 2009

**Transaction ID:** C967227

Amount of Each Receipt this Period  
2000.00

**C.** Full Name (Last, First, Middle Initial)  
Zach Kassutto

Mailing Address 8109 Cadwalader Ave.

City State Zip Code  
Elkins Park PA 19027

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
EMA NJ PEM Physician

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
M M / D D / Y Y Y Y  
09 / 28 / 2009

**Transaction ID:** C794118

Amount of Each Receipt this Period  
-50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **950.00**

**TOTAL** This Period (last page this line number only) ..... ► **950.00**

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 415 / 476

(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 checked="" 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)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.72

Date of Receipt

M M / D D / Y Y Y Y  
07 / 31 / 2009

Transaction ID: C851988

Amount of Each Receipt this Period

24.31

**B.**

Full Name (Last, First, Middle Initial)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.72

Date of Receipt

M M / D D / Y Y Y Y  
08 / 31 / 2009

Transaction ID: C851989

Amount of Each Receipt this Period

3.96

**C.**

Full Name (Last, First, Middle Initial)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.72

Date of Receipt

M M / D D / Y Y Y Y  
09 / 30 / 2009

Transaction ID: C851990

Amount of Each Receipt this Period

4.80

**SUBTOTAL** of Receipts This Page (optional) .....

33.07

**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 416 / 476  
(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 State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	0	/	3	1	/	2	0	0	9

**Transaction ID:** C851992

Amount of Each Receipt this Period  
5.12

**B.** Full Name (Last, First, Middle Initial)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	1	/	3	0	/	2	0	0	9

**Transaction ID:** C851993

Amount of Each Receipt this Period  
4.77

**C.** Full Name (Last, First, Middle Initial)  
SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code  
Washington DC 20036-5308

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
678.72

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	0	9

**Transaction ID:** C851995

Amount of Each Receipt this Period  
4.68

**SUBTOTAL** of Receipts This Page (optional) ..... ► **14.57**

**TOTAL** This Period (last page this line number only) ..... ► **47.64**

**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 417 / 476

<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) Allyson Schwartz For Congress	Transaction ID: D88995 Date of Disbursement
	Mailing Address P.O. Box 2232	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Allyson Y. Schwartz	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress	Transaction ID: D90352 Date of Disbursement
	Mailing Address P.O. Box 2232	<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Allyson Y. Schwartz	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) AMERICA'S LEADERSHIP PAC	Transaction ID: D87585 Date of Disbursement
	Mailing Address 426 C St NE	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20002-5839	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs/Committees	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) AMERIPAC	Transaction ID: D90161 Date of Disbursement 11 / 18 / 2009
	Mailing Address 499 South Capitol, SW Suite 414	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

B.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate	Transaction ID: D90770 Date of Disbursement 12 / 16 / 2009
	Mailing Address 38 Ivy Street, SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Ben Cardin	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Ben Graber For Congress	Transaction ID: D90016 Date of Disbursement 11 / 11 / 2009
	Mailing Address 2929 UNIVERSITY DRIVE SUITE 200	Amount of Each Disbursement this Period 2500.00
	City CORAL SPRINGS State FL Zip Code 33065	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Benjamin Graber	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88206</p> <p>Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Betty Sutton For Congress</p> <p>Mailing Address 1700 W. Market St. #155</p> <p>City Akron State OH Zip Code 44313</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Betty Sutton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: OH District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88987</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Bill Owens for Congress</p> <p>Mailing Address PO Box 1575</p> <p>City Plattsburgh State NY Zip Code 12901-0286</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special</p>	<p><b>Transaction ID:</b> D89583</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>

**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 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)  
National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City San Antonio State TX Zip Code 78212

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Charles A. Gonzalez

Office Sought:  House  
 Senate  
 President

State: TX District: 20

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D87589

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Mr. Charles Boustany

Office Sought:  House  
 Senate  
 President

State: LA District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D87852

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Mr. Charles Boustany

Office Sought:  House  
 Senate  
 President

State: LA District: 07

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D90166

Date of Disbursement

/   /

Amount of Each Disbursement this Period

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

**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 421 / 476

<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)  
Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City Cheshire State CT Zip Code 06410

Purpose of Disbursement  
Contributions to Federal Candidates

Candidate Name  
Rep. Christopher S. Murphy

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CT District: 05

Transaction ID: D90171  
Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

**B.** 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  
Contributions for Federal Candidates

Candidate Name  
Rep. Henry A. Waxman

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: CA District: 30

Transaction ID: D89348  
Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address PO BOX 71147

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Debbie Wasserman Schultz

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼

State: FL District: 20

Transaction ID: D89344  
Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

011  
Category/  
Type

**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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 422 / 476

<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) <b>DEBBIE WASSERMAN SCHULTZ FOR CONGRESS</b>	<b>Transaction ID:</b> D89621
	Mailing Address <b>PO BOX 71147</b>	Date of Disbursement 10 / 24 / 2009
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20024</b>	Amount of Each Disbursement this Period -1500.00
	Purpose of Disbursement VOID CK 7109 10/14/09	Category/ Type
	Candidate Name Rep. Debbie Wasserman Schultz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 20	

B.	Full Name (Last, First, Middle Initial) <b>DEBBIE WASSERMAN SCHULTZ FOR CONGRESS</b>	<b>Transaction ID:</b> D89622
	Mailing Address <b>PO BOX 71147</b>	Date of Disbursement 10 / 28 / 2009
	City <b>WASHINGTON</b> State <b>DC</b> Zip Code <b>20024</b>	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions for Federal Candidates	Category/ Type
	Candidate Name Rep. Debbie Wasserman Schultz	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 20	

C.	Full Name (Last, First, Middle Initial) <b>Dennis Ross for Congress</b>	<b>Transaction ID:</b> D90775
	Mailing Address <b>P.O. Box 7310</b>	Date of Disbursement 12 / 16 / 2009
	City <b>Lakeland</b> State <b>FL</b> Zip Code <b>33807</b>	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions for Federal Candidates	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
	State: District: Special	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>2500.00</b>
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.</p> <p>Mailing Address P.O. Box 61337</p> <p>City Denver State CO Zip Code 80206</p> <p>Purpose of Disbursement Void CK#6889 3/18/09</p> <p>Candidate Name Rep. Diana DeGette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CO District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89032</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period -1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DOC PAC</p> <p>Mailing Address 337 S. Milledge Avenue Ste. 101</p> <p>City Athens State GA Zip Code 30605</p> <p>Purpose of Disbursement Contributions to Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Annual Contribution</p>	<p><b>Transaction ID:</b> D89345</p> <p>Date of Disbursement 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) EDPAC</p> <p>Mailing Address 499 S. Capitol Street, SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contributions for Federal PACs/Committees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼</p> <p>Annual contribution</p>	<p><b>Transaction ID:</b> D89591</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>

**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)

<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) ERIC PAC	Transaction ID: D87582 Date of Disbursement 07 / 08 / 2009
	Mailing Address 209 Pennsylvania Ave SE	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-1107	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution	

B.	Full Name (Last, First, Middle Initial) Fleming for Congress	Transaction ID: D87853 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO Box 1236	Amount of Each Disbursement this Period 1500.00
	City Minden State LA Zip Code 71058-1236	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	Transaction ID: D89581 Date of Disbursement 10 / 28 / 2009
	Mailing Address 631B Pennsylvania Ave SE	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-4303	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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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<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 Bennie Thompson	Transaction ID: D89787 Date of Disbursement 11 / 04 / 2009
	Mailing Address 236 Massachusetts Ave NE Ste 603	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002-4971	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Bennie G. Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MS District: 02	

B.	Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson	Transaction ID: D88531 Date of Disbursement 08 / 21 / 2009
	Mailing Address 236 Massachusetts Ave NE Ste 603	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002-4971	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Bennie G. Thompson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MS District: 02	

C.	Full Name (Last, First, Middle Initial) Friends Of Bill Posey	Transaction ID: D88204 Date of Disbursement 07 / 29 / 2009
	Mailing Address 1824 South Fiske Boulevard	Amount of Each Disbursement this Period 1000.00
	City Rockledge State FL Zip Code 32955	
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Mr. Bill Posey	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: FL District: 15	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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)

<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 Bill Posey	Transaction ID: D90167 Date of Disbursement 11 / 18 / 2009
	Mailing Address 1824 South Fiske Boulevard	Amount of Each Disbursement this Period 2500.00
	City Rockledge State FL Zip Code 32955	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Mr. Bill Posey Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 15	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: D89587 Date of Disbursement 10 / 28 / 2009
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 3000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) Friends Of Blanche Lincoln	Transaction ID: D88985 Date of Disbursement 09 / 23 / 2009
	Mailing Address PO Box 3197	Amount of Each Disbursement this Period 1000.00
	City Little Rock State AR Zip Code 72203	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Blanche Lambert Lincoln Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 00	011 Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6500.00
<b>TOTAL</b> 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)

<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	Transaction ID: D88464 Date of Disbursement 08 / 14 / 2009
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period -1000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement VOID CK 6948 from 5/20/09	011 Category/Type
	Candidate Name Mr. Dennis Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Cardoza For Congress	Transaction ID: D89342 Date of Disbursement 10 / 14 / 2009
	Mailing Address PO Box 2749	Amount of Each Disbursement this Period 1000.00
	City Merced State CA Zip Code 95340	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name Mr. Dennis Cardoza	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 18	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Friends of Joe Heck	Transaction ID: D90015 Date of Disbursement 11 / 11 / 2009
	Mailing Address P.O. Box 750114	Amount of Each Disbursement this Period 5000.00
	City Las Vegas State NV Zip Code 89136	
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Georgians For Isakson</p> <p>Mailing Address P.O. Box 250116</p> <p>City Atlanta State GA Zip Code 30325</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Johnny Isakson</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90774 <b>Date of Disbursement</b> 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type 011</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 3422 Porter Street, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90170 <b>Date of Disbursement</b> 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>Category/Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate</p> <p>Mailing Address 3422 Porter Street, NW</p> <p>City Washington State DC Zip Code 20016</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89008 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>Category/Type</p>

**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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<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) Guthrie For Congress	Transaction ID: D88208 Date of Disbursement 07 / 29 / 2009
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 1000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement Contributions to Federal candidates Candidate Name Mr. Steven Guthrie	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Guthrie For Congress	Transaction ID: D89047 Date of Disbursement 09 / 28 / 2009
	Mailing Address PO Box 9639	Amount of Each Disbursement this Period 1000.00
	City Bowling Green State KY Zip Code 42102	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Steven Guthrie	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Harry Teague for Congress	Transaction ID: D88989 Date of Disbursement 09 / 23 / 2009
	Mailing Address PO BOX 5153 PO BOX 5153	Amount of Each Disbursement this Period 1000.00
	City HOBBS State NM Zip Code 88241	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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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<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) <b>IMPACT</b>	<b>Transaction ID:</b> D89586 Date of Disbursement 10 / 28 / 2009
	Mailing Address 426 C Street, NE c/o Manjiri Mannino	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement Contributions to Federal PACs/Committees	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

B.	Full Name (Last, First, Middle Initial) <b>Jeff Merkley for Oregon</b>	<b>Transaction ID:</b> D89033 Date of Disbursement 09 / 24 / 2009
	Mailing Address P.O. Box 29136	Amount of Each Disbursement this Period -2000.00
	City Portland State OR Zip Code 97296	
	Purpose of Disbursement Void CK#6810 11/12/08	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Void CK#6810 11/12/0

C.	Full Name (Last, First, Middle Initial) <b>Jeff Merkley for Oregon</b>	<b>Transaction ID:</b> D89035 Date of Disbursement 09 / 25 / 2009
	Mailing Address P.O. Box 29136	Amount of Each Disbursement this Period 2000.00
	City Portland State OR Zip Code 97296	
	Purpose of Disbursement Contributions to Federal candidates	011 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	2500.00
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee</p> <p>Mailing Address PO Box 75214</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. John D. Dingell</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87587</p> <p>Date of Disbursement 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 0.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS</p> <p>Mailing Address 370 Tall Tree Ct</p> <p>City Jackson State NJ Zip Code 08527-3158</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Leonard Lance</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89595</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Latourette For Congress Committee</p> <p>Mailing Address 320 Kenarden Dr.</p> <p>City Highland Hts. State OH Zip Code 44143</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Steven C. LaTourette</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 14</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89042</p> <p>Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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 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)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) Longleaf Pine PAC	Transaction ID: D87843 Date of Disbursement 07 / 15 / 2009
	Mailing Address PO BOX 29103	Amount of Each Disbursement this Period 1000.00
	City GREENSBORO State NC Zip Code 27429	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

B.	Full Name (Last, First, Middle Initial) Making Business Excel PAC	Transaction ID: D87577 Date of Disbursement 07 / 08 / 2009
	Mailing Address PO Box 3241	Amount of Each Disbursement this Period 2000.00
	City Cheyenne State WY Zip Code 82003	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name Sen. Michael Enzi	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00	Disbursement For: 2009 Annual Contribu <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Martin Heinrich for Congress	Transaction ID: D88200 Date of Disbursement 07 / 29 / 2009
	Mailing Address 2118 CENTRAL AVENUE SE #71	Amount of Each Disbursement this Period 1000.00
	City ALBUQUERQUE State NM Zip Code 87106	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4000.00
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) McCotter Congressional Committee</p> <p>Mailing Address P.O. Box 530788</p> <p>City Livonia State MI Zip Code 48153</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Thaddeus G. McCotter</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88199</p> <p>Date of Disbursement 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Mcgoff For Congress</p> <p>Mailing Address PO Box 44003</p> <p>City Indianapolis State IN Zip Code 46244</p> <p>Purpose of Disbursement Contribution to Federal candidate</p> <p>Candidate Name Mr. John McGoff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89036</p> <p>Date of Disbursement 09 / 25 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Mcgoff For Congress</p> <p>Mailing Address PO Box 44003</p> <p>City Indianapolis State IN Zip Code 46244</p> <p>Purpose of Disbursement Void CK# 6972 6/3/09</p> <p>Candidate Name Mr. John McGoff</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89034</p> <p>Date of Disbursement 09 / 24 / 2009</p> <p>Amount of Each Disbursement this Period -5000.00</p> <p>011 Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**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)

<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) Michael Burgess For Congress	Transaction ID: D89046 Date of Disbursement
	Mailing Address PO Box 2334	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Denton State TX Zip Code 76202	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. Michael C. Burgess, M.D.	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 26	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Mission PAC	Transaction ID: D90351 Date of Disbursement
	Mailing Address 38 Ivy Street, SE	<input type="text" value="12"/> / <input type="text" value="02"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20003	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal PACs/Committees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="010"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

C.	Full Name (Last, First, Middle Initial) New Jersey Democratic State Committee, The	Transaction ID: D88533 Date of Disbursement
	Mailing Address 495 Broadway c/o Frank Pallone	<input type="text" value="08"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Long Branch State NJ Zip Code 07740-5901	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs/Committees	<input type="text" value="1000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Federal Account

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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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<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) OCEAN STATE POLITICAL ACTION COMMITTEE (OSPAC)	Transaction ID: D90780 Date of Disbursement
	Mailing Address 33 ELMCROFT AVENUE	<input type="text" value="12"/> / <input type="text" value="16"/> / <input type="text" value="2009"/>
	City PROVIDENCE State RI Zip Code 02908-2726	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal PACs/Committees	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Pete Stark Re-Election Committee	Transaction ID: D87575 Date of Disbursement
	Mailing Address P.O. Box 8331	<input type="text" value="07"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City Fremont State CA Zip Code 94537	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="2500.00"/>
	Candidate Name Rep. Fortney Peter Stark	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PROSPERITY PAC	Transaction ID: D88999 Date of Disbursement
	Mailing Address 1006 Pendleton Street	<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal PACs/Committees	<input type="text" value="2000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="9500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>SCHIFF FOR CONGRESS</b>	Transaction ID: D88984 Date of Disbursement 09 / 23 / 2009
	Mailing Address 15 S Raymond Ave Ste 204	Amount of Each Disbursement this Period 1000.00
	City Pasadena State CA Zip Code 91105-1980	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) <b>SCHIFF FOR CONGRESS</b>	Transaction ID: D89781 Date of Disbursement 11 / 04 / 2009
	Mailing Address 15 S Raymond Ave Ste 204	Amount of Each Disbursement this Period 1500.00
	City Pasadena State CA Zip Code 91105-1980	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Adam B. Schiff Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 29	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) <b>COMMITTEE TO ELECT ALAN GRAYSON</b>	Transaction ID: D88598 Date of Disbursement 09 / 02 / 2009
	Mailing Address 8419 OAK PARK ROAD	Amount of Each Disbursement this Period 1000.00
	City ORLANDO State FL Zip Code 32819	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Alan Grayson Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 08	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CONGRESSMAN BART GORDON COMMITTEE</b></p> <p>Mailing Address P.O. Box 2008</p> <p>City Murfreesboro State TN Zip Code 37133</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Bart Gordon</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88993 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>PASCRELL FOR CONGRESS INC.</b></p> <p>Mailing Address POB 640</p> <p>City Totowa State NJ Zip Code 07511</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Bill Pascrell, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 08</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87570 <b>Date of Disbursement</b> 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>BILL SHUSTER FOR CONGRESS</b></p> <p>Mailing Address PO Box 27</p> <p>City Hollidaysburg State PA Zip Code 16648</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Bill Franklin Shuster</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88996 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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 Page

FOR 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CITIZENS FOR RUSH</b></p> <p>Mailing Address 499 S Capitol St SW Ste 422</p> <p>City Washington State DC Zip Code 20003-4028</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Bobby L. Rush</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89340 <b>Date of Disbursement</b> 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p><b>011</b> Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>ELLSWORTH FOR CONGRESS COMMITTEE</b></p> <p>Mailing Address P.O. Box 62</p> <p>City Evansville State IN Zip Code 47701</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Brad Ellsworth</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88992 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p><b>011</b> Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS OF CAROLYN MCCARTHY</b></p> <p>Mailing Address 151 Linden Road</p> <p>City Mineola State NY Zip Code 11501</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Carolyn McCarthy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89343 <b>Date of Disbursement</b> 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p><b>011</b> Category/ Type</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

9000.00

**TOTAL** This Period (last page this line number only) ..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>FATTAH FOR CONGRESS</b></p> <p>Mailing Address 400 South Capitol Street, SW</p> <p>City Washington State DC Zip Code 20003</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Chaka Fattah</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90778 <b>Date of Disbursement</b> 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b></p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90353 <b>Date of Disbursement</b> 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b></p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89009 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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)  
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Detailed Summary Page

FOR 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>CHARLIE DENT FOR CONGRESS</b></p> <p>Mailing Address PO Box 442</p> <p>City Allentown State PA Zip Code 18105</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Charles W. Dent</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 15</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87574 <b>Date of Disbursement</b> 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>VAN HOLLEN FOR CONGRESS</b></p> <p>Mailing Address 10537 St. Paul Street</p> <p>City Kensington State MD Zip Code 20895</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Chris Van Hollen, Jr.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87581 <b>Date of Disbursement</b> 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>DAVE CAMP FOR CONGRESS 2010</b></p> <p>Mailing Address 2501 Wisconsin Ave., NW Number 304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Dave Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87584 <b>Date of Disbursement</b> 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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 Page

FOR 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) DAVE CAMP FOR CONGRESS 2010</p> <p>Mailing Address 2501 Wisconsin Ave., NW Number 304</p> <p>City Washington State DC Zip Code 20007</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Dave Lee Camp</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88983 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) DAVE WU FOR US CONGRESS</p> <p>Mailing Address 818 SW Third Ave. #1182</p> <p>City Portland State OR Zip Code 97204</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. David Wu</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88990 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS</p> <p>Mailing Address PO Box 750580</p> <p>City Las Vegas State NV Zip Code 89136-0580</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Dean Heller</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89341 <b>Date of Disbursement</b> 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

**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)

<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) HELLER FOR CONGRESS	Transaction ID: D90345 Date of Disbursement 12 / 02 / 2009
	Mailing Address PO Box 750580	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89136-0580	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HELLER FOR CONGRESS	Transaction ID: D90163 Date of Disbursement 11 / 18 / 2009
	Mailing Address PO Box 750580	Amount of Each Disbursement this Period 1000.00
	City Las Vegas State NV Zip Code 89136-0580	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Dean Heller Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 02	011 Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) DEVIN NUNES CAMPAIGN COMMITTEE	Transaction ID: D89785 Date of Disbursement 11 / 04 / 2009
	Mailing Address PO BOX 6545	Amount of Each Disbursement this Period 1000.00
	City VISALIA State CA Zip Code 93290	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Devin Nunes Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 21	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

<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) <b>MATSUI FOR CONGRESS</b>	<b>Transaction ID: D87583</b>
	Mailing Address PO BOX 1738	Date of Disbursement 07 / 08 / 2009
	City SACRAMENTO State CA Zip Code 95812	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Doris Matsui	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>BLUMENAUER FOR CONGRESS</b>	<b>Transaction ID: D87569</b>
	Mailing Address 830 NE Holladay Suite 105	Date of Disbursement 07 / 08 / 2009
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	Category/ Type
	Candidate Name Rep. Earl Blumenauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>BLUMENAUER FOR CONGRESS</b>	<b>Transaction ID: D89594</b>
	Mailing Address 830 NE Holladay Suite 105	Date of Disbursement 10 / 28 / 2009
	City Portland State OR Zip Code 97232	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	Category/ Type
	Candidate Name Rep. Earl Blumenauer	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89338 <b>Date of Disbursement</b> 10 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>EARL POMEROY FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Earl Pomeroy</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88994 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>ENGEL FOR CONGRESS</b></p> <p>Mailing Address 462 California Road</p> <p>City Bronxville State NY Zip Code 10708</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Eliot L. Engel</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88201 <b>Date of Disbursement</b> 07 / 29 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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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<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	Transaction ID: D89044 Date of Disbursement 09 / 25 / 2009
	Mailing Address P.O. Box 490	Amount of Each Disbursement this Period 5000.00
	City St. Joseph State MI Zip Code 49085	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Fred Upton	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: D89347 Date of Disbursement 10 / 14 / 2009
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 1000.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Gene Green	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GENE GREEN CONGRESSIONAL CAMPAIGN	Transaction ID: D87567 Date of Disbursement 07 / 08 / 2009
	Mailing Address PO BOX 16128	Amount of Each Disbursement this Period 2500.00
	City HOUSTON State TX Zip Code 77222	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Gene Green	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 29	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	8500.00
<b>TOTAL</b> 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>GEOFF DAVIS FOR CONGRESS</b></p> <p>Mailing Address 3161 Dixie Highway</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement VOID CK 6964 from 5/20/09</p> <p>Candidate Name Rep. Geoff Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88462 <b>Date of Disbursement</b> 08 / 14 / 2009</p> <p>Amount of Each Disbursement this Period -1500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>GEOFF DAVIS FOR CONGRESS</b></p> <p>Mailing Address 3161 Dixie Highway</p> <p>City Erlanger State KY Zip Code 41018</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Geoff Davis</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 04</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90892 <b>Date of Disbursement</b> 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>GERRY CONNOLLY FOR CONGRESS</b></p> <p>Mailing Address 729 15th Street, NW Ste 300</p> <p>City Washington State DC Zip Code 20005-2105</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Gerry E. Connolly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89780 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

1000.00

**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)

<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) <b>FRIENDS OF GINNY BROWN-WAITE</b>	<b>Transaction ID:</b> D90164
	Mailing Address P.O. Box 865	Date of Disbursement MM / DD / YYYY 11 / 18 / 2009
	City Brooksville State FL Zip Code 34605	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Ginny Brown-Waite	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF GINNY BROWN-WAITE</b>	<b>Transaction ID:</b> D87586
	Mailing Address P.O. Box 865	Date of Disbursement MM / DD / YYYY 07 / 08 / 2009
	City Brooksville State FL Zip Code 34605	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Ginny Brown-Waite	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF GLENN NYE</b>	<b>Transaction ID:</b> D87850
	Mailing Address 499 S Capitol St SW Ste 404	Date of Disbursement MM / DD / YYYY 07 / 15 / 2009
	City Washington State DC Zip Code 20003-4004	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Glenn C. Nye	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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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<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 GLENN NYE	Transaction ID: D88980 Date of Disbursement 09 / 23 / 2009
	Mailing Address 499 S Capitol St SW Ste 404	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20003-4004	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Glenn C. Nye Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 02	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) HEATH SHULER FOR CONGRESS	Transaction ID: D88433 Date of Disbursement 08 / 12 / 2009
	Mailing Address PO Box 8446	Amount of Each Disbursement this Period 1000.00
	City Asheville State NC Zip Code 28814	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Heath Shuler Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 11	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN	Transaction ID: D89003 Date of Disbursement 09 / 23 / 2009
	Mailing Address 1519 Washington Street	Amount of Each Disbursement this Period 2500.00
	City Laredo State TX Zip Code 78042	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Henry Cuellar Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 28	011 Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

<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)  
JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jackie Speier

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Transaction ID: D89004

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**B.** Full Name (Last, First, Middle Initial)  
JACKIE SPEIER FOR CONGRESS

Mailing Address PO BOX 112

City BURLINGAME State CA Zip Code 94011

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jackie Speier

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Transaction ID: D89339

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

011  
Category/  
Type

**C.** Full Name (Last, First, Middle Initial)  
CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City Freedom State PA Zip Code 15042

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jason Altmire

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 04

Transaction ID: D89045

Date of Disbursement

09 / 25 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**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 Page

FOR 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)  
JESSE JACKSON JR. FOR CONGRESS

Mailing Address P.O. Box 490286

City Chicago State IL Zip Code 60649

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jesse L. Jackson, Jr.

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IL District: 02

Transaction ID: D90891  
Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

**B.** 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  
Contributions for Federal Candidates

Candidate Name  
Rep. Jesse L. Jackson, Jr.

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: IL District: 02

Transaction ID: D90350  
Date of Disbursement

12 / 02 / 2009

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
JIM HIMES FOR CONGRESS

Mailing Address 50 E St SE Ste 1

City Washington State DC Zip Code 20003-2620

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jim Himes

Office Sought:  House  Senate  President  
Disbursement For: 2010  Primary  General  Other (specify) ▼  
State: CT District: 04

Transaction ID: D90890  
Date of Disbursement

12 / 23 / 2009

Amount of Each Disbursement this Period

1500.00

**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 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)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: D90162 Date of Disbursement 11 / 18 / 2009
	Mailing Address 50 E St SE Ste 1	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-2620	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jim Himes	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: D89043 Date of Disbursement 09 / 25 / 2009
	Mailing Address PO Box 521048	Amount of Each Disbursement this Period 2500.00
	City Salt Lake City State UT Zip Code 84152	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Jim D. Matheson	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CULBERSON FOR CONGRESS	Transaction ID: D87578 Date of Disbursement 07 / 08 / 2009
	Mailing Address P.O. Box 41964	Amount of Each Disbursement this Period 1000.00
	City Houston State TX Zip Code 77241	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. John A. Culberson	 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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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<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) <b>LARSON FOR CONGRESS</b>	<b>Transaction ID:</b> D87571
	Mailing Address c/o Brigitte Workman 430 South Capitol Street, SE	Date of Disbursement MM / DD / YYYY 07 / 08 / 2009
	City Washington	State DC
	Zip Code 20003	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. John B. Larson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CT District: 01	

B.	Full Name (Last, First, Middle Initial) <b>JOHN HALL FOR CONGRESS</b>	<b>Transaction ID:</b> D89776
	Mailing Address 499 S Capitol St SW Ste 404	Date of Disbursement MM / DD / YYYY 11 / 04 / 2009
	City Washington	State DC
	Zip Code 20003-4004	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. John J. Hall	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: NY District: 19	

C.	Full Name (Last, First, Middle Initial) <b>JUDY CHU FOR CONGRESS</b>	<b>Transaction ID:</b> D90172
	Mailing Address 1531 Purdue Ave	Date of Disbursement MM / DD / YYYY 11 / 18 / 2009
	City Los Angeles	State CA
	Zip Code 90025-3104	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Judy Chu	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: CA District: 32	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>6000.00</b>
<b>TOTAL</b> 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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<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) <b>CASTOR FOR CONGRESS</b>	<b>Transaction ID: D87588</b>
	Mailing Address 301 W. Platt Street #385	Date of Disbursement MM / DD / YYYY 07 / 08 / 2009
	City Tampa State FL Zip Code 33606	Amount of Each Disbursement this Period 2000.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Kathy Castor	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 11	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>KEVIN MCCARTHY FOR CONGRESS</b>	<b>Transaction ID: D90889</b>
	Mailing Address P.O. Box 12667	Date of Disbursement MM / DD / YYYY 12 / 23 / 2009
	City Bakersfield State CA Zip Code 93389	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Kevin McCarthy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>FRIENDS OF LOIS CAPPs</b>	<b>Transaction ID: D88997</b>
	Mailing Address PO Box 23940	Date of Disbursement MM / DD / YYYY 09 / 23 / 2009
	City Santa Barbara State CA Zip Code 93121	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Lois Capps	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>4000.00</b>
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>WOOLSEY FOR CONGRESS</b></p> <p>Mailing Address P.O. Box 750176</p> <p>City Petaluma State CA Zip Code 94975</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Lynn C. Woolsey</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90346 <b>Date of Disbursement</b> 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>MARCIA FUDGE FOR CONGRESS</b></p> <p>Mailing Address 236 Massachusetts Ave NE Ste 603</p> <p>City Washington State DC Zip Code 20002-4971</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Marcia L. Fudge</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90769 <b>Date of Disbursement</b> 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>MARION BERRY FOR CONGRESS</b></p> <p>Mailing Address P.O. BOX 8084</p> <p>City JONESBORO State AR Zip Code 72403</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Marion Berry</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 01</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90165 <b>Date of Disbursement</b> 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>

**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)

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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

<p><b>A.</b> Full Name (Last, First, Middle Initial) SCHAUER FOR CONGRESS</p> <p>Mailing Address PO Box 100</p> <p>City Battle Creek State MI Zip Code 49016</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Mark H. Schauer</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90347 <b>Date of Disbursement</b> 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) KIRK FOR Senate</p> <p>Mailing Address PO Box 8</p> <p>City Winnetka State IL Zip Code 60093-0008</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Mark S. Kirk</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88599 <b>Date of Disbursement</b> 09 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) KIRK FOR Senate</p> <p>Mailing Address PO Box 8</p> <p>City Winnetka State IL Zip Code 60093-0008</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mark S. Kirk</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88981 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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 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)  
National Emergency Medicine Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) SOUDER FOR CONGRESS INC.</p> <p>Mailing Address P.O. BOX 40233</p> <p>City FORT WAYNE State IN Zip Code 46804</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Mark E. Souder</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90776 <b>Date of Disbursement</b> 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88982 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARSHA BLACKBURN FOR CONGRESS INC.</p> <p>Mailing Address PO Box 682185</p> <p>City Franklin State TN Zip Code 37068</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Marsha Blackburn</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D88845 <b>Date of Disbursement</b> 09 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89007</p> <p>Date of Disbursement 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89588</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE</p> <p>Mailing Address P.O. Box 3370</p> <p>City Palm Springs State CA Zip Code 92263</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Mary Bono Mack</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90773</p> <p>Date of Disbursement 12 / 16 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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 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)  
National Emergency Medicine Political Action Committee

A.	Full Name (Last, First, Middle Initial) <b>CAPUANO FOR SENATE COMMITTEE</b>	Transaction ID: D89819
	Mailing Address 222 3rd St Ste 234	Date of Disbursement 11 / 05 / 2009
	City Cambridge State MA Zip Code 02142-1102	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Michael E. Capuano	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special

B.	Full Name (Last, First, Middle Initial) <b>CASTLE CAMPAIGN FUND</b>	Transaction ID: D89598
	Mailing Address PO Box 133	Date of Disbursement 10 / 28 / 2009
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Michael N. Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>CASTLE CAMPAIGN FUND</b>	Transaction ID: D87851
	Mailing Address PO Box 133	Date of Disbursement 07 / 15 / 2009
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Michael N. Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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)

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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) <b>CASTLE CAMPAIGN FUND</b>	<b>Transaction ID:</b> D90771
	Mailing Address PO Box 133	Date of Disbursement 12 / 16 / 2009
	City Wilmington State DE Zip Code 19899	Amount of Each Disbursement this Period 5000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Michael N. Castle	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>MICHAUD FOR CONGRESS</b>	<b>Transaction ID:</b> D88532
	Mailing Address 213 Lisbon St	Date of Disbursement 08 / 21 / 2009
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Michael H. Michaud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MICHAUD FOR CONGRESS</b>	<b>Transaction ID:</b> D89580
	Mailing Address 213 Lisbon St	Date of Disbursement 10 / 28 / 2009
	City Lewiston State ME Zip Code 04240	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Michael H. Michaud	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>7500.00</b>
<b>TOTAL</b> 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)

<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) <b>MIKE ROSS FOR CONGRESS COMMITTEE</b>	<b>Transaction ID:</b> D87580
	Mailing Address PO Box 360	Date of Disbursement 07 / 08 / 2009
	City Prescott State AR Zip Code 71857	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Mike A. Ross	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 04	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>TIBERI FOR CONGRESS</b>	<b>Transaction ID:</b> D89346
	Mailing Address 217 3rd St SE	Date of Disbursement 10 / 14 / 2009
	City Washington State DC Zip Code 20003-1904	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal Candidates	011 Category/ Type
	Candidate Name Rep. Patrick J. Tiberi	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 12	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>PATRICK MURPHY FOR CONGRESS</b>	<b>Transaction ID:</b> D89000
	Mailing Address P.O. Box 868	Date of Disbursement 09 / 23 / 2009
	City Levittown State PA Zip Code 19058	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions for Federal Candidates	011 Category/ Type
	Candidate Name Rep. Patrick Murphy	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3000.00</b>
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) PAUL BROUN COMMITTEE</p> <p>Mailing Address P.O. Box 1512</p> <p>City Athens State GA Zip Code 30601</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Paul C. Broun</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 10</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90888 <b>Date of Disbursement</b> 12 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) PETE SESSIONS FOR CONGRESS</p> <p>Mailing Address PO Box 38585</p> <p>City Dallas State TX Zip Code 75238</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Pete Sessions</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 32</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89777 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS</p> <p>Mailing Address PO Box U</p> <p>City Marietta State GA Zip Code 30060</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Phil Gingrey, M.D.</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89786 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

**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)

<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) GINGREY FOR CONGRESS	Transaction ID: D89590 Date of Disbursement 10 / 28 / 2009
	Mailing Address PO Box U	Amount of Each Disbursement this Period 1000.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) GINGREY FOR CONGRESS	Transaction ID: D89006 Date of Disbursement 09 / 23 / 2009
	Mailing Address PO Box U	Amount of Each Disbursement this Period 2500.00
	City Marietta State GA Zip Code 30060	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Phil Gingrey, M.D. Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 11	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEX-AS)	Transaction ID: D88986 Date of Disbursement 09 / 23 / 2009
	Mailing Address POST OFFICE BOX 711	Amount of Each Disbursement this Period 1000.00
	City ROCKWALL State TX Zip Code 75087	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ralph M. Hall Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 04	011 Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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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<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Larsen for Congress</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89596</p> <p>Date of Disbursement 10 / 28 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Larsen for Congress</p> <p>Mailing Address PO Box 326</p> <p>City Everett State WA Zip Code 98206</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Rick Larsen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 02</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90156</p> <p>Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 3000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) RODNEY ALEXANDER FOR CONGRESS INC.</p> <p>Mailing Address 104 Hume Ave</p> <p>City Alexandria State VA Zip Code 22301-1015</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Rep. Rodney Alexander</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 05</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90159</p> <p>Date of Disbursement 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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)

<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	Transaction ID: D88988 Date of Disbursement 09 / 23 / 2009
	Mailing Address 21301 POWERLINE ROAD SUITE 204	Amount of Each Disbursement this Period 1000.00
	City BOCA RATON State FL Zip Code 33433	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Ron Klein	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 22	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO	Transaction ID: D89582 Date of Disbursement 10 / 28 / 2009
	Mailing Address 12 TRUMBULL STREET	Amount of Each Disbursement this Period 2500.00
	City NEW HAVEN State CT Zip Code 06511	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Rosa L. DeLauro	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) CARNAHAN IN CONGRESS	Transaction ID: D87572 Date of Disbursement 07 / 08 / 2009
	Mailing Address 7370 Manchester Rd STE 20	Amount of Each Disbursement this Period 2500.00
	City St. Louis State MO Zip Code 63143	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Russ Carnahan	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 03	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	6000.00
<b>TOTAL</b> 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)

<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. SHELLEY MOORE CAPITO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Shelley Moore Moore Capito

Office Sought:  House  
 Senate  
 President

State: WV District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D89337

Date of Disbursement

10 / 14 / 2009

Amount of Each Disbursement this Period

1500.00

011  
Category/  
Type

**B. SHELLEY MOORE CAPITO FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Shelley Moore Moore Capito

Office Sought:  House  
 Senate  
 President

State: WV District: 02

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D90160

Date of Disbursement

11 / 18 / 2009

Amount of Each Disbursement this Period

1000.00

011  
Category/  
Type

**C. STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Stephanie Herseith Sandlin

Office Sought:  House  
 Senate  
 President

State: SD District: 00

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Transaction ID: D89005

Date of Disbursement

09 / 23 / 2009

Amount of Each Disbursement this Period

2500.00

011  
Category/  
Type

**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)

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87579 <b>Date of Disbursement</b> 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) SUE MYRICK FOR CONGRESS</p> <p>Mailing Address P.O. Box 37091</p> <p>City Charlotte State NC Zip Code 28237</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Sue Wilkins Myrick</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 09</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90355 <b>Date of Disbursement</b> 12 / 02 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) TIM RYAN FOR CONGRESS</p> <p>Mailing Address 1600 Roosevelt Avenue</p> <p>City Niles State OH Zip Code 44446</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Rep. Tim J. Ryan</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 17</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D90169 <b>Date of Disbursement</b> 11 / 18 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

**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 Page

FOR 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) Republican Main Street Partnership PAC	Transaction ID: D88979 Date of Disbursement 09 / 23 / 2009
	Mailing Address 2201 Wisconsin Ave, NW Suite 320	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution	

B.	Full Name (Last, First, Middle Initial) Republican Main Street Partnership PAC	Transaction ID: D90349 Date of Disbursement 12 / 02 / 2009
	Mailing Address 2201 Wisconsin Ave, NW Suite 320	Amount of Each Disbursement this Period 5000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution	

C.	Full Name (Last, First, Middle Initial) Rogers For Congress	Transaction ID: D89599 Date of Disbursement 10 / 28 / 2009
	Mailing Address PO Box 581 Post Office Box 581	Amount of Each Disbursement this Period 2500.00
	City Brighton State MI Zip Code 48116	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Michael J. Rogers	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 08 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

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)

<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) <b>SEARCHLIGHT LEADERSHIP FUND</b>	<b>Transaction ID:</b> D87849
	Mailing Address 426 C St NE	Date of Disbursement 07 / 15 / 2009
	City Washington State DC Zip Code 20002-5839	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) <b>SEARCHLIGHT LEADERSHIP FUND</b>	<b>Transaction ID:</b> D88202
	Mailing Address 426 C St NE	Date of Disbursement 07 / 29 / 2009
	City Washington State DC Zip Code 20002-5839	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contributions to Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) <b>MIKULSKI FOR SENATE COMMITTEE</b>	<b>Transaction ID:</b> D87568
	Mailing Address P O B 13147	Date of Disbursement 07 / 08 / 2009
	City BALTIMORE State MD Zip Code 21203	Amount of Each Disbursement this Period 2500.00
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Sen. Barbara A. Mikulski	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>5000.00</b>
<b>TOTAL</b> 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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<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

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>FRIENDS OF CHRIS DODD</b>  Mailing Address <b>PO BOX 270701</b>  City <b>WEST HARTFORD</b> State <b>CT</b> Zip Code <b>06127</b> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <b>Sen. Christopher J. Dodd</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>CT</b> District: <b>00</b>	<b>Transaction ID: D89589</b> Date of Disbursement 10 / 28 / 2009  Amount of Each Disbursement this Period 2500.00  011 Category/ Type	
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>EVAN BAYH COMMITTEE</b>  Mailing Address <b>1070 Thomas Jefferson St NW Apt 202</b>  City <b>Washington</b> State <b>DC</b> Zip Code <b>20007-3809</b> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <b>Sen. Evan Bayh</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>IN</b> District: <b>00</b>	<b>Transaction ID: D89778</b> Date of Disbursement 11 / 04 / 2009  Amount of Each Disbursement this Period 2500.00  011 Category/ Type	
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b>  Mailing Address <b>PO BOX 3662</b>  City <b>SEATTLE</b> State <b>WA</b> Zip Code <b>98124</b> Purpose of Disbursement Contributions for Federal Candidates Candidate Name <b>Sen. Patty Murray</b> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: <b>WA</b> District: <b>00</b>	<b>Transaction ID: D90348</b> Date of Disbursement 12 / 02 / 2009  Amount of Each Disbursement this Period 5000.00  011 Category/ Type	

**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 Page

FOR 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) <b>PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN</b></p> <p>Mailing Address PO BOX 3662</p> <p>City SEATTLE State WA Zip Code 98124</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Sen. Patty Murray</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89002 <b>Date of Disbursement</b> 09 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) <b>WYDEN FOR SENATE</b></p> <p>Mailing Address 122 C St NW Ste 505</p> <p>City Washington State DC Zip Code 20001-2109</p> <p>Purpose of Disbursement Contributions for Federal Candidates</p> <p>Candidate Name Sen. Ron Wyden</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D89779 <b>Date of Disbursement</b> 11 / 04 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) <b>COLLINS FOR SENATOR</b></p> <p>Mailing Address PO BOX 1096</p> <p>City BANGOR State ME Zip Code 04402</p> <p>Purpose of Disbursement Contributions to Federal Candidates</p> <p>Candidate Name Sen. Susan M. Collins</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ME District: 00</p> <p>Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D87576 <b>Date of Disbursement</b> 07 / 08 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>011 Category/ Type</p>

**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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<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) SILK PAC	Transaction ID: D90779 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO BOX 286	Amount of Each Disbursement this Period 2500.00
	City CALDWELL State NJ Zip Code 07006-0286	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Stabenow For Us Senate	Transaction ID: D90772 Date of Disbursement 12 / 16 / 2009
	Mailing Address PO Box 4945	Amount of Each Disbursement this Period 1000.00
	City East Lansing State MI Zip Code 48826	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Debbie Stabenow	011 Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Steve Austria For Congress	Transaction ID: D89001 Date of Disbursement 09 / 23 / 2009
	Mailing Address 2537 Obetz Drive	Amount of Each Disbursement this Period 1000.00
	City Beavercreek State OH Zip Code 45434	
	Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Steve Austria	011 Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 07	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	4500.00
<b>TOTAL</b> 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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<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) Taking the Hill PAC	Transaction ID: D89794 Date of Disbursement 11 / 04 / 2009
	Mailing Address 499 S Capitol St SW Ste 404	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20003-4004	
	Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual Contribution

B.	Full Name (Last, First, Middle Initial) The Marchant-Sessions Joint Committee	Transaction ID: D87573 Date of Disbursement 07 / 08 / 2009
	Mailing Address 17010 Esquire Lane	Amount of Each Disbursement this Period 1000.00
	City Mc Lean State VA Zip Code 22101	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name	011 Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Tim Murphy For Congress	Transaction ID: D88432 Date of Disbursement 08 / 12 / 2009
	Mailing Address PO Box 24551	Amount of Each Disbursement this Period 1000.00
	City Pttsburgh State PA Zip Code 15234	
	Purpose of Disbursement Contributions to Federal Candidates Candidate Name Rep. Tim F. Murphy	011 Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 18	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> 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)

<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) Volunteers For Shimkus	Transaction ID: D90168 Date of Disbursement
	Mailing Address PO Box 5458	<input type="text" value="11"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions to Federal Candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. John M. Shimkus	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Volunteers For Shimkus	Transaction ID: D90777 Date of Disbursement
	Mailing Address PO Box 5458	<input type="text" value="12"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Springfield State IL Zip Code 62705	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal candidates	<input type="text" value="1000.00"/>
	Candidate Name Rep. John M. Shimkus	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) WEDGE PAC	Transaction ID: D90158 Date of Disbursement
	Mailing Address PO Box 680063	<input type="text" value="11"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Franklin State TN Zip Code 37068	Amount of Each Disbursement this Period
	Purpose of Disbursement Contributions for Federal PACs/Committees	<input type="text" value="2500.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2009 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="4500.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="28500.00"/>

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)  
Ethan Wiener

Mailing Address 9 Clinton Ave

City State Zip Code  
Maplewood NJ 07040

Purpose of Disbursement  
Refund Contribution-Not a mbr

Candidate Name

010  
Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: D89623

Date of Disbursement

10 / 28 / 2009

Amount of Each Disbursement this Period

700.00

SUBTOTAL of Disbursements This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

700.00



**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input 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

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) CHASE BANK</p> <p>Mailing Address 545 E John Carpenter Fwy</p> <p>City Irving State TX Zip Code 75062-8114</p> <p>Purpose of Disbursement BANK FEES OCT 09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D92204</p> <p>Date of Disbursement 10 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 574.62</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) CHASE BANK</p> <p>Mailing Address 545 E John Carpenter Fwy</p> <p>City Irving State TX Zip Code 75062-8114</p> <p>Purpose of Disbursement BANK FEES NOV 09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D92205</p> <p>Date of Disbursement 11 / 30 / 2009</p> <p>Amount of Each Disbursement this Period 2483.50</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) CHASE BANK</p> <p>Mailing Address 545 E John Carpenter Fwy</p> <p>City Irving State TX Zip Code 75062-8114</p> <p>Purpose of Disbursement BANK FEES DEC 09</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D92206</p> <p>Date of Disbursement 12 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 277.79</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

**3335.91**

**TOTAL** This Period (last page this line number only) ..... ▶

**8133.77**