

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

Office Use Only

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

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐Check if different
than previously
reported. (ACC)

Irving

TX

75038

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00140061

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

11

07

2006

in the
State of

5. Covering Period

10

19

2006

through

11

27

2006

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

Type or Print Name of Treasurer

Dean Wilkerson, MBA,JD

Signature of Treasurer

Electronically Filed by Dean Wilkerson, MBA,JD

Date

04

18

2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

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

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		338268.79
(b) Cash on Hand at Beginning of Reporting Period	312485.87	
(c) Total Receipts (from Line 19)	75661.88	584043.72
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	388147.75	922312.51
7. Total Disbursements (from Line 31)	53306.40	587471.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	334841.35	334841.35
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

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Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

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

To:

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

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	41570.99	233492.13
(i) Itemized (use Schedule A)		
(ii) Unitemized	33312.65	338955.76
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	74883.64	572447.89
(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) ➡	74883.64	572447.89
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	778.24	11595.83
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))	75661.88	584043.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75661.88	584043.72

DETAILED SUMMARY PAGE

of Disbursements

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II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(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.....		53000.00	583200.00
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		200.00	450.00
(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))		200.00	450.00
29. Other Disbursements.....		106.40	3821.16
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))..		53306.40	587471.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		53306.40	587471.16

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	74883.64	572447.89
34. Total Contribution Refunds (from Line 28(d))	200.00	450.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	74683.64	571997.89
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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. C William Korbonits, Jr

Mailing Address

3763 W Commodore Way

City

Seattle

State

WA

Zip Code

98199-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northwest Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 17596000

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr. Johnnie Ford, Jr

Mailing Address

5509 Bootjack Dr

City

Frederick

State

MD

Zip Code

21702-2305

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Agnes Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 17596001

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. Reva Dubin

Mailing Address

547 Park Rd

City

Mays Landing

State

NJ

Zip Code

08330-1917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Atlantic City Reg Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 3 / 2 0 0 6

Transaction ID: 17596004

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Alan Davidson, III Mailing Address 34 Bluff Ridge Ct City State Zip Code Greensboro NC 27455-2298 FEC ID number of contributing federal political committee. C Name of Employer Moses H Cone Mem 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		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 17596029 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Michael J Werdmann Mailing Address 240 Porters Hill Rd City State Zip Code Monroe CT 06468-2236 FEC ID number of contributing federal political committee. C Name of Employer Bridgeport Hosp 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		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 17596037 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. ThanhVan Dang Tran Mailing Address 6825 N 18th St City State Zip Code Phoenix AZ 85016-1062 FEC ID number of contributing federal political committee. C Name of Employer Maricopa Med Ctr Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 5 / 2 0 0 6 Transaction ID: 17596041 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
or each category of the
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. David Stewart Anderson

Mailing Address

360 Eastwood Dr

City

Hubbard

State

OH

Zip Code

44425-1683

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jameson Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 17596056

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas A Sweeney

Mailing Address

206 Fairhill Dr

City

Wilmington

State

DE

Zip Code

19808-4311

FEC ID number of contributing
federal political committee.

C

Name of Employer
Doctors for Emerg Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 17596060

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr. Gary Little

Mailing Address

3814 Bell Manor Ct

City

Falls Church

State

VA

Zip Code

22041-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer
George Washington Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17596073

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

565.00

TOTAL This Period (last page this line number only)

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Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. M Ito		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 975 Amble Rd		
City	State	Zip Code
St Paul	MN	55126-2216
FEC ID number of contributing federal political committee.		Transaction ID: 17596075
Amount of Each Receipt this Period		500.00
Name of Employer EPPA		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. Full Name (Last, First, Middle Initial) Dr. Kenneth V Iserson		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 4930 N Calle Faja		
City	State	Zip Code
Tucson	AZ	85718-6351
FEC ID number of contributing federal political committee.		Transaction ID: 17596078
Amount of Each Receipt this Period		1000.00
Name of Employer Section of Emerg Med		Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00

C. Full Name (Last, First, Middle Initial) Dr. Walter W Jacquemin		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6
Mailing Address 14526 Parallel Ave		
City	State	Zip Code
Alpena	MI	49707-8528
FEC ID number of contributing federal political committee.		Transaction ID: 17596079
Amount of Each Receipt this Period		100.00
Name of Employer Alpena General Hosp		Occupation Emergency Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00

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)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Theodore M Gilbert Mailing Address 37 Pontiac Dr City State Zip Code Medford NJ 08055-8146 FEC ID number of contributing federal political committee. C Name of Employer Memorial Hosp of Burlingt-on Co Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 415.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 17596080 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Dr. Charles Nizioi 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 Uvalde Mem. 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		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 17596081 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Barry M Nemon Mailing Address 1922 Day St City State Zip Code Ann Arbor MI 48104-3604 FEC ID number of contributing federal political committee. C Name of Employer Chelsea Comm Hosp Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 17596084 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

980.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Roger S Perry Mailing Address 9074 Sunny Brea Cir City State Zip Code Sandy UT 84093-2495 FEC ID number of contributing federal political committee. C Name of Employer Pioneer Valley 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 6 Transaction ID: 17596093 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Gregory M Smith Mailing Address 644 Woodcrest Dr City State Zip Code Wadsworth OH 44281-8656 FEC ID number of contributing federal political committee. C 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 ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 3 1 / 2 0 0 6 Transaction ID: 17596097 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan Mailing Address 3839 Brantley Place Cir City State Zip Code Apopka FL 32703-6855 FEC ID number of contributing federal political committee. C Name of Employer Kahang Lee Chan, MD, FACEP 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 1 0 / 2 4 / 2 0 0 6 Transaction ID: 17596117 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)
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Michael C Christopher

Mailing Address

5129 N Saddle Rock Ln

City

Phoenix

State

AZ

Zip Code

85018-1828

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMPower Emerg Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596118

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dr. Benjamin Wayne D'Ooge

Mailing Address

288 Dudala Way

City

Loudon

State

TN

Zip Code

37774-6848

FEC ID number of contributing
federal political committee.

C

Name of Employer
Benjamin Wayne D'Ooge, MD,
FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596119

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr. Clifford Erickson

Mailing Address

5309 Ellington Ct

City

Newburgh

State

IN

Zip Code

47630-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer
Clifford Erickson, MD, FA-
CEP

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596120

Amount of Each Receipt this Period

40.00

SUBTOTAL of Receipts This Page (optional)

505.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. Brent F Gardner

Mailing Address

640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596121

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Peter Dewitt Hyman, Jr

Mailing Address

541 Fairway Dr

City

Florence

State

SC

Zip Code

29501-5507

FEC ID number of contributing
federal political committee.

C

Name of Employer
McLeod Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596125

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)

Dr. Scott Jason Korvek

Mailing Address

240 Beverly Rd

City

Pittsburgh

State

PA

Zip Code

15216-1462

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596127

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

715.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 14 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Vera Helena Masutti

Mailing Address

2736 N Hampden # 108

City

Chicago

State

IL

Zip Code

60614-1645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vera Helena Masutti, DO

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596128

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Michelle Marie McLean

Mailing Address

13876 Hearthstone Ln

City

Hartland

State

MI

Zip Code

48353-3145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Saginaw Cooperative Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596129

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Dr. Timothy Martin O'Toole

Mailing Address

2661 MacNaughten Rd NW

City

North Canton

State

OH

Zip Code

44720-9546

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman Hosp ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596131

Amount of Each Receipt this Period

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Cheryl S Reynolds

Mailing Address

996 Oakpoint Cir

City

State

Zip Code

Apopka

FL

32712-3706

FEC ID number of contributing
federal political committee.

C

Name of Employer
Florida Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596132

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)
Dr. Mark R Riser

Mailing Address

108 Balsamwood Ct

City

State

Zip Code

Cary

NC

27513-3456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Duke Univ Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596133

Amount of Each Receipt this Period

83.33

C. Full Name (Last, First, Middle Initial)
Dr. David Charles Seaberg

Mailing Address

188 SW 131st St

City

State

Zip Code

Newberry

FL

32669-3052

FEC ID number of contributing
federal political committee.

C

Name of Employer
1329 SW 16th St

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596134

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

433.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 16 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. Robert C Solomon

Mailing Address

214 Briar Path

City

Imperial

State

PA

Zip Code

15126-9686

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Ohio Reg Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596135

Amount of Each Receipt this Period

83.33

B. Full Name (Last, First, Middle Initial)

Dr. Arlen R Stauffer

Mailing Address

230 Fairgreen Ave

City

New Smyrna Bch

State

FL

Zip Code

32168-6192

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bert Fish Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596136

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. Gary William Tamkin

Mailing Address

4 Valley High

City

Lafayette

State

CA

Zip Code

94549-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr Merced, ED
Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 4 / 2 0 0 6

Transaction ID: 17596137

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1083.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 17 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. Frederick C Blum

Mailing Address

1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

751.33

Date of Receipt

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

Transaction ID: 17600192

Amount of Each Receipt this Period

83.33

B. Full Name (Last, First, Middle Initial)

Dr. Ashley E Booth

Mailing Address

3915 Riverside Ave

City

Jacksonville

State

FL

Zip Code

32205-9336

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shands Jacksonville ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: 17600193

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Kelly Foley

Mailing Address

1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

585.00

Date of Receipt

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

Transaction ID: 17600217

Amount of Each Receipt this Period

85.00

SUBTOTAL of Receipts This Page (optional)

418.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 18 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Marsha D Ford Mailing Address 6836 Alexander Rd City State Zip Code Charlotte NC 28270-2804 FEC ID number of contributing federal political committee. C Name of Employer Carolinas 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 ▼ 713.67			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17600218 Amount of Each Receipt this Period 41.67
B. Full Name (Last, First, Middle Initial) Dr. Michael 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 Emergency Medical Associa- tes Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 575.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17600219 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Andrea L Green Mailing Address 5 Twin Springs Dr City State Zip Code Arlington TX 76016-4027 FEC ID number of contributing federal political committee. C Name of Employer Andrea L Green, MD, FACEP Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00			Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17600222 Amount of Each Receipt this Period 100.00

SUBTOTAL of Receipts This Page (optional)

241.67

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 19 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. J Brian Hancock Mailing Address 4827 Pebworth Pl City State Zip Code Saginaw MI 48603-9306 FEC ID number of contributing federal political committee. C Name of Employer J Brian Hancock, MD, FACEP Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17656875 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Ramon W Johnson Mailing Address 26921 La Alameda # 3222 City State Zip Code Mission Viejo CA 92691-7374 FEC ID number of contributing federal political committee. C Name of Employer Mission 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17657096 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Jay 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 CA Emerg 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 ▼ 710.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17657166 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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Eric J Lavonas Mailing Address 507 Moncure Dr City State Zip Code Charlotte NC 28209-3458 FEC ID number of contributing federal political committee. C Name of Employer Carolinas Med Ctr ED MEB-3 Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 850.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17657237 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Sharon 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 Cleveland Clinic 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		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17657302 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. David 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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6 Transaction ID: 17657436 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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. John S Milne		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 530 Wilderness Peak Dr NW		
City	State	Zip Code
Issaquah	WA	98027-5621
FEC ID number of contributing federal political committee.		Transaction ID: 17657500
Name of Employer Swedish Med Ctr		Amount of Each Receipt this Period 250.00
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) Dr. Jeffrey R Nickel		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 2300 N Black Oak Dr		
City	State	Zip Code
Angola	IN	46703-8195
FEC ID number of contributing federal political committee.		Transaction ID: 17657768
Name of Employer Professional Emerg Phys Inc		Amount of Each Receipt this Period 100.00
Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C. Full Name (Last, First, Middle Initial) Dr. Ernest Page, II		Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6
Mailing Address 7896 Horse Ferry Rd		
City	State	Zip Code
Orlando	FL	32835-5966
FEC ID number of contributing federal political committee.		Transaction ID: 17657846
Name of Employer Florida Emerg Phys		Amount of Each Receipt this Period 250.00
Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 22 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Charles F Pattavina			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address Fallon Clinic@WorcesterMedCtr 123 Summer St Ste 170			Transaction ID: 17657906	
City Worcester State MA Zip Code 01608-1216			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer Fallon Clinic@WorcesterMe- dCtr		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) Dr. Alexander Max Rosenau			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address 1140 N Broad St			Transaction ID: 17690494	
City Allentown State PA Zip Code 18104-2912			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 ▼ 950.00		
C. Full Name (Last, First, Middle Initial) Dr. Robert Craig Rosenbloom			Date of Receipt M M / D D / Y Y Y Y 1 0 / 2 6 / 2 0 0 6	
Mailing Address PO Box 5101			Transaction ID: 17690495	
City Culver City State CA Zip Code 90231-5101			Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C				
Name of Employer California Emerg Phys		Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00		

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. David William Ross

Mailing Address

15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.33

Date of Receipt

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

Transaction ID: 17690496

Amount of Each Receipt this Period

83.33

B. Full Name (Last, First, Middle Initial)

Dr. Scott Edward Rudkin

Mailing Address

6731 E Boscana Ct

City

Orange

State

CA

Zip Code

92867-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ CA Irvine

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

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

Transaction ID: 17690497

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. Richard L Stennes

Mailing Address

2533 Calle Del Oro

City

La Jolla

State

CA

Zip Code

92037-2005

FEC ID number of contributing
federal political committee.

C

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

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 17690499

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Ronald S Strony

Mailing Address

6660 Richardson Rd

City

Fairview

State

PA

Zip Code

16415-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hamot Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 17690500

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Tom Werlinich

Mailing Address

2303 Oak Forest Court

City

Arlington

State

TX

Zip Code

76012-4285

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tom Werlinich

Occupation

FEC

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: 17690501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dr. Robert V Buehl

Mailing Address

822 Noe St

City

San Francisco

State

CA

Zip Code

94114-2909

FEC ID number of contributing
federal political committee.

C

Name of Employer
San Ramon Regional Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690508

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. David E Denekas

Mailing Address Highview on the Bay
6220 W Shore Dr

City State Zip Code
Tracys Landing MD 20779-2400

FEC ID number of contributing
federal political committee.

C

Name of Employer
Calvert Mem Hosp ED

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690510

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Christopher A Ewing

Mailing Address 2198 Lakeshore Dr

City State Zip Code
Canyon Lake TX 78133-2926

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilford Hall Med Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690511

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr. David 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
St Paul Univ Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690515

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1615.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 26 / 59

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. Robert H Potts, Jr

Mailing Address

PO Box 3319

City

Copper Mountain

State

CO

Zip Code

80443-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Vail Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690516

Amount of Each Receipt this Period

250.00

B. Full Name (Last, First, Middle Initial)

Dr. Luis Quintero

Mailing Address

3 Walnut Trace Ct

City

Simpsonville

State

SC

Zip Code

29681-4769

FEC ID number of contributing
federal political committee.

C

Name of Employer
Luis Quintero, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690517

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Dr. William M Sereda

Mailing Address

352 Calle Bonita Pl

City

Escondido

State

CA

Zip Code

92029-7947

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palomar Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

311.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690519

Amount of Each Receipt this Period

211.00

SUBTOTAL of Receipts This Page (optional)

711.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Borys Trochym

Mailing Address

400 Central Park W #10M

City

State

Zip Code

New York

NY

10025-5838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690523

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael Goodwin Cetta

Mailing Address

13011 Boswell Ct

City

State

Zip Code

Potomac

MD

20854-6361

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shady Grove Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690530

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)
Dr. David J Adinaro

Mailing Address

22 E Madison Ave

City

State

Zip Code

Florham Park

NJ

07932-2634

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Josephs Hosp Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 0 / 2 0 0 6

Transaction ID: 17690532

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Mailing Address

4471 Kinhead Ct

City

Fayetteville

State

NC

Zip Code

28314-2487

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cape Fear Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 17727700

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr. Christopher D Elliott

Mailing Address

3196 Hikina Rd

City

Koloa

State

HI

Zip Code

96756-8500

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christopher D Elliott, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 17727701

Amount of Each Receipt this Period

365.00

C. Full Name (Last, First, Middle Initial)
Dr. Matthew John McDevitt

Mailing Address

800 S Gaylord St

City

Denver

State

CO

Zip Code

80209-4632

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carepoint PC

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 17727702

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1230.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. Steven Robert Offerman

Mailing Address

5921 Shepard Ave

City

Sacramento

State

CA

Zip Code

95819-2539

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ CA Davis Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 17727704

Amount of Each Receipt this Period

100.00

B. Full Name (Last, First, Middle Initial)

Dr. H Edward Seibert

Mailing Address

1113 Woodmont Rd

City

Gladwyne

State

PA

Zip Code

19035-1022

FEC ID number of contributing
federal political committee.

C

Name of Employer
Thomas Jefferson Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 17727705

Amount of Each Receipt this Period

500.00

C. Full Name (Last, First, Middle Initial)

Dr. C Doyle Haynes

Mailing Address

1146 County Rd 817

City

Nacogdoches

State

TX

Zip Code

75964-4455

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 17727713

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. William Bruce Watson

Mailing Address

107 E Burke Ave

City

State

Zip Code

Towson

MD

21286-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Union Mem Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

615.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 17727717

Amount of Each Receipt this Period

615.00

B. Full Name (Last, First, Middle Initial)
Dr. Kenneth H Hayman, Jr

Mailing Address

636 Valley Bridge

City

State

Zip Code

Chattanooga

TN

37415-3917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kenneth H Hayman Jr, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 4 / 2 0 0 6

Transaction ID: 17727719

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeffrey 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
Jeffrey Alan Joseph, DO,
FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 17727738

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Timothy R Drury

Mailing Address

1290 Shannock Rd

City

Charlestown

State

RI

Zip Code

02813-3745

FEC ID number of contributing
federal political committee.

C

Name of Employer
South County Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

730.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 17727762

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr. Timothy G Greco

Mailing Address

1260 Crestview Dr

City

Fullerton

State

CA

Zip Code

92833-2206

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Jude Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 17727763

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)
Dr. Michael David Olgren

Mailing Address

1042 Eastwood Ave SE

City

Grand Rapids

State

MI

Zip Code

49506-3578

FEC ID number of contributing
federal political committee.

C

Name of Employer
Grand River Emerg Med Grp
PC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 0 6

Transaction ID: 17727764

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Xavier P Anton

Mailing Address

3629 Palmetto Ave

City

Miami

State

FL

Zip Code

33133-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 17727770

Amount of Each Receipt this Period

200.00

B. Full Name (Last, First, Middle Initial)
Dr. Peter L Sosnow

Mailing Address

37 Dublin Dr

City

Niskayuna

State

NY

Zip Code

12309-1442

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albany Mem Hosp Chairman

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 17843502

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr. Russell C Roundy

Mailing Address

S 1015 Primrose Ln

City

Spokane

State

WA

Zip Code

99224-2005

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 ▼

600.00

Date of Receipt

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

Transaction ID: 17853694

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)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Gregory Jon Smolin Mailing Address 3435 Pebble Ridge Dr City State Zip Code York PA 17402-4349 FEC ID number of contributing federal political committee. C Name of Employer EMP of York County, LLC Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> 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 6 Transaction ID: 17853696 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. Emile El-Shammaa Mailing Address 287 Bristol Way City State Zip Code Worthington OH 43085-3272 FEC ID number of contributing federal political committee. C Name of Employer OH State Univ 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 1 1 / 2 0 / 2 0 0 6 Transaction ID: 17853697 Amount of Each Receipt this Period 500.00
C. Full Name (Last, First, Middle Initial) Dr. Sandra Rose Picone Mailing Address 100 Mt Grey Rd City State Zip Code Setauket NY 11733-1653 FEC ID number of contributing federal political committee. C Name of Employer Good Samaritan Hosp Med Ctr Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: 17853711 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**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Erin E Rinto Mailing Address 4730 Abnaki Trl City State Zip Code Lima OH 45805-4701 FEC ID number of contributing federal political committee. C Name of Employer St Ritas Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 2 / 2 0 0 6 Transaction ID: 17853737 Amount of Each Receipt this Period 300.00
B. Full Name (Last, First, Middle Initial) Dr. Jeffrey B Gordon Mailing Address 1780 Robinwood Ln City State Zip Code Riverwoods IL 60015-1651 FEC ID number of contributing federal political committee. C Name of Employer Alexian Brothers Med 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		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 6 Transaction ID: 17856781 Amount of Each Receipt this Period 200.00
C. Full Name (Last, First, Middle Initial) Dr. Paul Wahlheim Mailing Address 310 W Holly St City State Zip Code Phoenix AZ 85003-1117 FEC ID number of contributing federal political committee. C Name of Employer EMPower Emerg Phys PC 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 1 1 / 2 2 / 2 0 0 6 Transaction ID: 17857754 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)
or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. John D Uphold

Mailing Address

625 Gould Ter

City

Hermosa Beach

State

CA

Zip Code

90254-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer
Beverly Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 17857962

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Matthew N Dommer

Mailing Address

9444 Maricopa Trl

City

Kalamozoo

State

MI

Zip Code

49009-4961

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southwestern MI Emer Svc
PC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: 17858364

Amount of Each Receipt this Period

1000.00

C. Full Name (Last, First, Middle Initial)

Dr. Bruce S Whitman

Mailing Address

315 Londonderry Dr

City

Lumberton

State

NC

Zip Code

28358-8316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southeastern Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879064

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1865.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Neal A Kaforey Mailing Address 2271 Cross Creek Trl City State Zip Code Cuyahoga Falls OH 44223-1271 FEC ID number of contributing federal political committee. C Name of Employer Kaiser Permanente Emerg Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 6 Transaction ID: 17879682 Amount of Each Receipt this Period 100.00
B. Full Name (Last, First, Middle Initial) Dr. James Medina Mailing Address 320 Waters Edge Dr City State Zip Code Lancaster PA 17602-4698 FEC ID number of contributing federal political committee. C Name of Employer Lancaster Emer Assoc Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 3 / 2 0 0 6 Transaction ID: 17879692 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. Brent E Ruoff Mailing Address 611 Tanya Court Dr City State Zip Code Saint Louis MO 63129-2555 FEC ID number of contributing federal political committee. C Name of Employer WUSM EM Division 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 1 1 / 0 7 / 2 0 0 6 Transaction ID: 17879799 Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)

965.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Thomas E Andres

Mailing Address

4019 Doe Creek Dr

City

State

Zip Code

Floyds Knobs

IN

47119-9651

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Louisville

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 17879803

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Guy Franklin Fain, III

Mailing Address

10 Prentice Ln

City

State

Zip Code

Signal Mtn

TN

37377-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer
East Ridge Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 17879804

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr. Chad D Miller

Mailing Address

8004 Dorsett Downs Dr

City

State

Zip Code

Stokesdale

NC

27357-9359

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest Univ BMC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

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

Transaction ID: 17879806

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

930.00

TOTAL This Period (last page this line number only)

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

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Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

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

Dr. Marc M Dreier

Mailing Address

295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: 17879808

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Dr. Mark L Fennema

Mailing Address

568 N Maple Ave

City

Greensburg

State

PA

Zip Code

15601-1654

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mark L Fennema, DO, FACEP

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: 17879809

Amount of Each Receipt this Period

20.00

C. Full Name (Last, First, Middle Initial)

Dr. Christina C Drummond

Mailing Address

7009 W St Andrews Ave

City

Yorktown

State

IN

Zip Code

47396-9234

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Phys of DE Co

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879823

Amount of Each Receipt this Period

200.00

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)
or each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. David Mason Mailing Address 930 Gracie Way City State Zip Code Charlotte NC 28204-3000 FEC ID number of contributing federal political committee. C Name of Employer PEMA Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 17879827 Amount of Each Receipt this Period 250.00
B. Full Name (Last, First, Middle Initial) Dr. R Rao Tripuraneni Mailing Address 1328 Springvale Dr City State Zip Code Belair MD 21015-5848 FEC ID number of contributing federal political committee. C Name of Employer Harford Mem 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		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 17879831 Amount of Each Receipt this Period 250.00
C. Full Name (Last, First, Middle Initial) Dr. Rashid 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 Valley Hospital 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 1 / 0 8 / 2 0 0 6 Transaction ID: 17879840 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)
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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

Full Name (Last, First, Middle Initial)

A. Dr. Rachel A English

Mailing Address

1825 N 74th St

City

Wauwatosa

State

WI

Zip Code

53213-2219

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Michael Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879844

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Dr. Celia 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879845

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Gayle A Galan

Mailing Address

1742 Rock Hill Ln

City

Akron

State

OH

Zip Code

44313-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gayle A Galan, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879846

Amount of Each Receipt this Period

200.00

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)
or each category of the
Detailed Summary Page

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Laurence J Gavin Mailing Address 312 S Fairfield Rd City State Zip Code Devon PA 19333-1633 FEC ID number of contributing federal political committee. C Name of Employer Presbyterian 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 ▼ 615.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 17879847 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Dr. Ronald 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 Baptist Med Ctr Dekalb 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 1 1 / 0 8 / 2 0 0 6 Transaction ID: 17879848 Amount of Each Receipt this Period 1000.00
C. Full Name (Last, First, Middle Initial) Dr. Jack Henry Mitstifer Mailing Address 4877 Squire Dr City State Zip Code Sagamore Hls OH 44067-3287 FEC ID number of contributing federal political committee. C Name of Employer GEMS Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1750.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 8 / 2 0 0 6 Transaction ID: 17879853 Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)

2365.00

TOTAL This Period (last page this line number only)

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

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or each category of the
Detailed Summary Page

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Sandra Kay Saunders

Mailing Address

PO Box 3371

City

Ashland

State

OR

Zip Code

97520-0313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sandra Kay Saunders, MD,
FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

465.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879855

Amount of Each Receipt this Period

365.00

B. Full Name (Last, First, Middle Initial)
Dr. Patricia Jo Schiff

Mailing Address

1627 S Ponce de Leon Ave NE

City

Atlanta

State

GA

Zip Code

30307-1656

FEC ID number of contributing
federal political committee.

C

Name of Employer
Patricia Jo Schiff, MD,
FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879856

Amount of Each Receipt this Period

100.00

C. Full Name (Last, First, Middle Initial)
Dr. Craig S Thomas

Mailing Address

356A Kaelepulu Dr

City

Kailua

State

HI

Zip Code

96734-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEPA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17879860

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1465.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ernie Woodhouse Mailing Address 11625 Cielo Ln City State Zip Code Loma Linda CA 92354-3708 FEC ID number of contributing federal political committee. C Name of Employer CA Emerg 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 ▼ 550.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 Transaction ID: 17879875 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Jonathan Eric Laine Mailing Address PO Box 34015 City State Zip Code Truckee CA 96160-4015 FEC ID number of contributing federal political committee. C Name of Employer NNEP Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 Transaction ID: 17879877 Amount of Each Receipt this Period 150.00
C. Full Name (Last, First, Middle Initial) Dr. Mark S May Mailing Address 11734 Cassowary Dr City State Zip Code Sandy UT 84092-7170 FEC ID number of contributing federal political committee. C Name of Employer Jordan Valley Hosp ED Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 325.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 0 / 2 0 0 6 Transaction ID: 17879880 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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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gregory H Smith

Mailing Address

1110 W Davidson Dr

City

Champaign

State

IL

Zip Code

61821-2731

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carle Clinic Assn

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID: 17881545

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. Dr. Brett E Jarrell

Mailing Address

4745 Lynn Oak Dr

City

Lavalette

State

WV

Zip Code

25535-9708

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brett E Jarrell, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 17881549

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dr. Charles E Fredericks

Mailing Address

1111 Stonewall Dr

City

Nashville

State

TN

Zip Code

37220-1024

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 17881553

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

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

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or each category of the
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. 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 Marian Bednar, MD, FACEP Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 17881555 Amount of Each Receipt this Period 365.00
B. Full Name (Last, First, Middle Initial) Dr. Eric Wayne Jordan Mailing Address 6 Tuckahoe City State Zip Code Hattiesburg MS 39402-7789 FEC ID number of contributing federal political committee. C Name of Employer Eric Wayne Jordan, MD, FA-CEP Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 17881559 Amount of Each Receipt this Period 365.00
C. Full Name (Last, First, Middle Initial) Dr. Sarah Jane Ramsay Mailing Address 1403 Beech Ln City State Zip Code Fairmont WV 26554-9211 FEC ID number of contributing federal political committee. C Name of Employer West VA Univ Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 465.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 17881561 Amount of Each Receipt this Period 365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 46 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Dr. Ryan J Hines Mailing Address 11925 Cupworth Ct City State Zip Code Huntersville NC 28078-3738 FEC ID number of contributing federal political committee. C Name of Employer Ryan J Hines, MD Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 17881567 Amount of Each Receipt this Period 200.00
B. Full Name (Last, First, Middle Initial) Dr. Thomas J Lydon Mailing Address 315 Brook Holw City State Zip Code Hanover NH 03755-2808 FEC ID number of contributing federal political committee. C Name of Employer Dartmouth Hitchcock 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 ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 17881570 Amount of Each Receipt this Period 100.00
C. Full Name (Last, First, Middle Initial) Dr. Lawrence R Schwartz Mailing Address 5166 Provincial Dr City State Zip Code Bloomfld Hls MI 48302-2530 FEC ID number of contributing federal political committee. C Name of Employer Wayne St Univ Sch of Med ED Occupation Emergency Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 6 / 2 0 0 6 Transaction ID: 17881573 Amount of Each Receipt this Period 200.00

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)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dr. Gary Bonfante

Mailing Address

4543 Laurel Dr

City

Walnutport

State

PA

Zip Code

18088-9628

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 17881575

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Dr. Max H Rudicel

Mailing Address

6839 W Isanogel Rd

City

Muncie

State

IN

Zip Code

47304-9312

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Phys of Delaware Co

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

565.00

Date of Receipt

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

Transaction ID: 17881576

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Dr. Craig Lloyd Shane

Mailing Address

1529 Chandler Dr

City

Salt Lake City

State

UT

Zip Code

84103-4220

FEC ID number of contributing
federal political committee.

C

Name of Employer
LDS Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

365.00

Date of Receipt

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

Transaction ID: 17881580

Amount of Each Receipt this Period

365.00

SUBTOTAL of Receipts This Page (optional)

1095.00

TOTAL This Period (last page this line number only)

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
Dr. Jeffrey Alan Moore

Mailing Address

1200 Founders Lake Dr

City

Athens

State

GA

Zip Code

30606-7640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jeffrey Alan Moore, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 17881582

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)
Dr. David A Pitrolo

Mailing Address

1201 Kamichi Court

City

Virginia Beach

State

VA

Zip Code

23451-4917

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tidewater Emerg Med Care
Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: 17881584

Amount of Each Receipt this Period

300.00

C. Full Name (Last, First, Middle Initial)
Dr. Kurt J Wagner

Mailing Address

605 Jefferson St

City

Hinsdale

State

IL

Zip Code

60521-3844

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palos Emergency Med Serv
Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 8 / 2 0 0 6

Transaction ID: 17881674

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 49 / 59

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dr. Carlos H Castellon

Mailing Address

152 NW Otter Ct

City

Lake City

State

FL

Zip Code

32055-7252

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: 17881675

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)

41570.99

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 CONNECTICUT AVE NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

11595.83

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 6

Transaction ID: 17887300

Amount of Each Receipt this Period

778.24

SUBTOTAL of Receipts This Page (optional)

778.24

TOTAL This Period (last page this line number only)

778.24

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

Full Name (Last, First, Middle Initial)

A. Perlmutter For Congress

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement

011

Category/
Type

Candidate Name
Perlmutter

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: CO District: 7

2006 General

Transaction ID: 17417683

Date of Disbursement

10 / 20 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Frank Pallone, Jr.

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: NJ District: 6

2006 General

Transaction ID: 17479554

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name
Rep. Fred Upton

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: MI District: 6

2006 General

Transaction ID: 17481372

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

Full Name (Last, First, Middle Initial)

A. Rangel For Congress

Mailing Address PO Box 5577
Manhattanville Sta

City New York State NY Zip Code 10027

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Charles B. Rangel

Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 15
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17481691

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House ☐ Senate ☐ President
State: NM District: 1
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17480419

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Simmons For Congress

Mailing Address P.O. Box 268 Drawer 271

City Stonington State CT Zip Code 06378

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Robert R. Simmons

Office Sought: ☒ House ☐ Senate ☐ President
State: CT District: 2
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17481007

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hoyer For Congress

Mailing Address 7905 Malcolm Road Suite 102

City Clinton State MD Zip Code 20735

Purpose of Disbursement

Candidate Name
Rep. Steny H. HoyerOffice Sought: ☒ House
☐ Senate
☐ President

State: MD District: 5

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17481308

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Rick Renzi For Congress

Mailing Address P.O. Box 2383

City Prescott State AZ Zip Code 86302

Purpose of Disbursement

Candidate Name
Rep. Rick RenziOffice Sought: ☒ House
☐ Senate
☐ President

State: AZ District: 1

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17481234

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Feinstein For Senate

Mailing Address 1212 S Victory Blvd

City Burbank State CA Zip Code 91502

Purpose of Disbursement

Candidate Name
Sen. Dianne FeinsteinOffice Sought: ☐ House
☒ Senate
☐ President

State: CA District: 1

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17479843

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	5		2	0	0	6

Amount of Each Disbursement this Period

3000.00

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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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Texas Freedom Fund

Mailing Address 104 East Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17480726

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

B. Delahunt For Congress Committee

Mailing Address 332 Victory Road

City Quincy State MA Zip Code 02171

Purpose of Disbursement

Candidate Name
Rep. William D. Delahunt

Office Sought: ☒ House
☐ Senate
☐ President

State: MA District: 10

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17480034

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

011
Category/
Type

Full Name (Last, First, Middle Initial)

C. Ben Cardin For Senate

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

Candidate Name
Ben Cardin

Office Sought: ☐ House
☒ Senate
☐ President

State: MD District:

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17480644

Date of Disbursement

M M / D D / Y Y Y Y
10 / 25 / 2006

Amount of Each Disbursement this Period

3000.00

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)

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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

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

Full Name (Last, First, Middle Initial)

A. Friends Of Dave Reichert

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. David George Reichert

Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 8
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17481766

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Joy Padgett For Congress

Mailing Address 871 Walnut Street

City Coshocton State OH Zip Code 43812

Purpose of Disbursement

011
Category/
Type

Candidate Name
Joy Padgett

Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 18
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17480285

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Van Hollen For Congress

Mailing Address 10537 St. Paul Street

City Kensington State MD Zip Code 20895

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Chris Van Hollen

Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 8
Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼
2006 General

Transaction ID: 17480493

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Wetterling '06

Mailing Address P.O. Box 2295

City State Zip Code
St. Cloud MN 56302

Purpose of Disbursement

011
Category/
Type

Candidate Name
Patty Wetterling

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
State: MN District: 6 2006 General

Transaction ID: 17480818

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Christine Jennings For Congress

Mailing Address 8211 241st Street East

City State Zip Code
Myakka City FL 34251

Purpose of Disbursement

011
Category/
Type

Candidate Name
Christine Jennings

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
State: FL District: 13 2006 General

Transaction ID: 17481091

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Pete King For Congress Committee

Mailing Address Post Office Box 1428

City State Zip Code
Seaford NY 11783

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Peter T. King

Office Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2006 ☐ Primary ☐ General
☒ Other (specify) ▼
State: NY District: 3 2006 General

Transaction ID: 17481508

Date of Disbursement

10 / 25 / 2006

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 235 Montgomery Street
Suite 610

City San Francisco State CA Zip Code 94104

Purpose of Disbursement

011
Category/
Type

Candidate Name
Rep. Nancy Pelosi

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: CA District: 8

2006 General

Transaction ID: 17547141

Date of Disbursement

10 / 26 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Mark Foley

Mailing Address 1316 Lake Victoria Dr

City Lake Worth State FL Zip Code 33461

Purpose of Disbursement
Void - Friends Of Mark Foley

011
Category/
Type

Candidate Name
Rep. Mark A. Foley

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: FL District: 16

2006 General

Transaction ID: 17570731

Date of Disbursement

10 / 30 / 2006

Amount of Each Disbursement this Period

-2000.00

Void - Friends Of Mark Fo-
ley

Full Name (Last, First, Middle Initial)

C. Friends Of George Allen

Mailing Address PO Box 6859

City Arlington State VA Zip Code 22206

Purpose of Disbursement

011
Category/
Type

Candidate Name
Mr. George Allen

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2006
☐ Primary ☐ General
☒ Other (specify) ▼

State: VA District: 2

2006 General

Transaction ID: 17584904

Date of Disbursement

11 / 01 / 2006

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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

Full Name (Last, First, Middle Initial)

A. Heather Wilson For Congress

Mailing Address P.O. Box 14070

City Albuquerque State NM Zip Code 87191

Purpose of Disbursement

Candidate Name
Rep. Heather A. Wilson

Office Sought: ☒ House
☐ Senate
☐ President

State: NM

District: 1

Disbursement For: 2006
☐ Primary ☐ General

☒ Other (specify) ▼
 2006 Recount Fund

Transaction ID: 17722389

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

53000.00

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

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 EAST JOHN CARPENTER FRWY

City
IRVING

State
TX

Zip Code
75062

Purpose of Disbursement

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 17887198

Date of Disbursement

10 / 31 / 2006

Amount of Each Disbursement this Period

106.40

SUBTOTAL of Disbursements This Page (optional)

106.40

TOTAL This Period (last page this line number only)

106.40