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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines National Emergency Medicine Political Action Committee 1125 Executive Circle ADDRESS (number and street) Check if different than previously Irving ΤX 75038 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00140061 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: **Termination Report** (TER) in the 07 2006 11 Election on State of 10 19 2006 27 2006 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dean Wilkerson, MBA,JD Type or Print Name of Treasurer Electronically Filed by Dean Wilkerson, MBA,JD 04 18 2007 Signature of Treasurer Date 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 **FEC FORM 3X** Use (Rev. 02/2003) Only

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 [®] D ^b D 1 9 27 1.0 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand [°]2006 338268.79 January 1 (b) Cash on Hand at 312485.87 Begining of Reporting Period 75661.88 584043.72 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 388147.75 922312.51 6(a) and 6(c) for Column B) 53306.40 587471.16 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 334841.35 334841.35 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

National Emergency Medicine Political Action Committee

1 9 м м 1 0 м м 1 1 2^D7 2006 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** 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) 338955.76 33312.65 (ii) Unitemized (iii) TOTAL (add 74883.64 572447.89 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 74883.64 572447.89 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 0.00 Political Committees 17. Other Federal Receipts 778.24 11595.83 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (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)). 19. Total Receipts (add Lines 11(d), 75661.88 584043.72 12, 13, 14, 15, 16, 17, and 18(c))

75661.88

584043.72

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 0.00 Expenditures..... (c) Total Operating Expenditures 0.00 0.00 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 53000.00 583200.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 200.00 450.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 200.00 450.00 (add Lines 28(a), (b), and (c)) 106.40 3821.16 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 53306.40 587471.16 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)

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
5. 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
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 6 / 59				
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12				
			Detailed Summary Page					
				13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	ள for the purpose of soliciting contributions solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
\rangle	National Emergency Medicine Political	Action Com	nmittee					
Α.	Full Name (Last, First, Middle Initial) Dr. C William Korbonits, Jr			Date of Receipt				
	Mailing Address 3763 W Commodore W	ay		10 23 2006				
	City	State	Zip Code	Transaction ID: 17596000				
	Seattle	WA	98199-1103	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer Northwest Hosp	Occupation Emergen	n cy Physician					
	Receipt For:	Aggregate	Year-to-Date ▼	7				
	Primary General	00 0		1				
	Other (specify) ▼		300.00					
				1				
— В.	Full Name (Last, First, Middle Initial) Dr. Johnnie Ford, Jr			Date of Receipt				
	Mailing Address	M M / D D / Y Y Y Y						
	5509 Bootjack Dr	10 23 2006						
	City	State	Zip Code	Transaction ID: 17596001				
	Frederick	MD	21702-2305	Amount of Each Receipt this Period				
		1112		- Attribute of Edot Precopt this Forest				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer	Occupation	1	7				
	St Agnes Hosp	Emergen	cy Physician					
	Receipt For:	Aggregate	Year-to-Date V	7				
	Primary General			1				
	Other (specify) ▼		500.00					
				1				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Reva Dubin			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	547 Park Rd			10 23 2006				
	City	State	Zip Code	Transaction ID: 17596004				
	Mays Landing	NJ	08330-1917	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		365.00				
	Name of Employer	000		_				
	Name of Employer Atlantic City Reg Med Ctr	Occupation						
	ED		cy Physician	_				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		465.00					
	Other (specify)		465.00					
s	UBTOTAL of Receipts This Page (optional)			965.00				
\vdash	== 1 1712 o. 1. tood.ptc 11110 i ago (optional)			-				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/59
TEMIZED RECEIPTS	•	or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
National Emergency Medicine Politic	al Action Con	nmittee	
Full Name (Last, First, Middle Initial) A. Dr. Alan Davidson, III			Date of Receipt
Mailing Address 34 Bluff Ridge Ct			10 25 7 2006
City	State NC	Zip Code	Transaction ID: 17596029
Greensboro		27455-2298	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Moses H Cone Mem Hosp	Occupation Emergen	n Icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) 3. Dr. Michael J Werdmann			Date of Receipt
Mailing Address 240 Porters Hill Rd			10 25 7 2006
City	State	Zip Code	Transaction ID: 17596037
Monroe	CT	06468-2236	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		500.00
Name of Employer Bridgeport Hosp ED	Occupation Emergen	n Icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	
Full Name (Last, First, Middle Initial) Dr. ThanhVan Dang Tran	I		Date of Receipt
Mailing Address 6825 N 18th St			10 25 2006
City	State	Zip Code	Transaction ID: 17596041
Phoenix	AZ	85016-1062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Maricopa Med Ctr	Occupation Emergen	n Icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	465.00	
SUBTOTAL of Receipts This Page (optional)			1115.00
,			
TOTAL This Period (last page this line number	er only))	

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 59	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16	17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso		/
or	y information copied from such Reports and State for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.	
$\sqrt{}$	NAME OF COMMITTEE (In Full)				
\geq	National Emergency Medicine Political Ad	ction Com	nmittee		
۹.	Full Name (Last, First, Middle Initial) Dr. David Stewart Anderson			Date of Receipt	
	Mailing Address 360 Eastwood Dr			10 26 YYYY 10 26 2006	
	City	State	Zip Code	Transaction ID: 17596056	
	Hubbard	ОН	44425-1683	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	lamacan Hacn'	Occupation Emergen	n cy Physician		
	Receipt For:		Year-to-Date ▼	1	
	Primary General Other (specify) ▼		250.00		
 3.	Full Name (Last, First, Middle Initial) Dr. Thomas A Sweeney			Date of Receipt	
	Mailing Address			M M / D D / Y Y Y Y	
	206 Fairhill Dr	04-1-	7in Ondi	10 27 2006	
	City Wilmington	State	Zip Code	Transaction ID: 17596060	
	Wilmington	DE	19808-4311	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		100.00	
	Doctors for Emera Sucs	Occupation			
			cy Physician	-	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		400.00		
) .	Full Name (Last, First, Middle Initial) Dr. Gary Little			Date of Receipt	
	Mailing Address 3814 Bell Manor Ct			M M / D D / Y Y Y Y Y 1 1 0 3 0 2 0 0 6	
	City	State	Zip Code	Transaction ID: 17596073	
	Falls Church	VA	22041-1665	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Coorgo Washington Univ	Occupation Emergen	n cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	465.00		
SI	JBTOTAL of Receipts This Page (optional)		·····	565.00	
T	OTAL This Period (last page this line number only	y)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NU (check only of X 11a 13		PAGE 9/59 11c 12 15 16 17
An	y information copied from such Reports and Statement for commercial purposes, other than using the name ar	ts may	y not be sold or used by any persodress of any political committee to	on for the purpos solicit contributi	e of solicit	ting contributions such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Action	n Com	nmittee			
Α.	EPPA	upation ergen	Zip Code 55126-2216 n ocy Physician e Year-to-Date ▼ 600.00	Date of Re 1 0 Transaction Amount of	3 0 on ID: 17	2 0 0 6 596075 ceipt this Period 500.00
3.	Section of Emerg Med Eme	z upation ergen	Zip Code 85718-6351 n ncy Physician e Year-to-Date ▼	Date of Re 1 0 Transaction Amount of	3 0 on ID: 17	2 0 0 6 596078 ceipt this Period
C.	Alpena Genéral Hosp Eme	upation ergen	Zip Code 49707-8528 In acy Physician e Year-to-Date ▼	Date of Re M M M 1 0 Transactic Amount of	3 0 on ID: 17	2 0 0 6 596079 ceipt this Period 100.00
s	UBTOTAL of Receipts This Page (optional)		·····			1600.00
T	OTAL This Period (last page this line number only)		>	. L		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	mittee	
۹.	Full Name (Last, First, Middle Initial) Dr. Theodore M Gilbert Mailing Address			Date of Receipt
	37 Pontiac Dr			10 30 2006
	City Medford	State NJ	Zip Code 08055-8146	Transaction ID: 17596080 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00035-0140	365.00
	Name of Employer Memorial Hosp of Burlingt- on Co Receipt For: Primary General Other (specify) ▼		n cy Physician Year-to-Date ▼ 415.00	
3.	Full Name (Last, First, Middle Initial) Dr. Charles Niziol Mailing Address 2815 Kings Forest Dr City Kingwood FEC ID number of contributing federal political committee. Name of Employer Uvalde Mem. Hosp Receipt For: Primary General Other (specify)		Zip Code 77339-2450 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Full Name (Last, First, Middle Initial) Dr. Barry M Nemon Mailing Address 1922 Day St City Ann Arbor FEC ID number of contributing federal political committee. Name of Employer Chelsea Comm Hosp Receipt For: Primary General Other (specify) Other (specify)		Zip Code 48104-3604 n cy Physician Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)			980.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 59 (check only one)		
			or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Ar or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ad	ction Com	mittee			
۸.	Full Name (Last, First, Middle Initial) Dr. Roger S Perry			Date of Receipt		
	Mailing Address 9074 Sunny Brea Cir			10 30 7 2006		
	City	State	Zip Code	Transaction ID: 17596093		
	Sandy	UT	84093-2495	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Dianaar Vallay Llaan	Occupation Emergend	cy Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
3.	Full Name (Last, First, Middle Initial) Dr. Gregory M Smith			Date of Receipt		
	Mailing Address 644 Woodcrest Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 17596097		
	Wadsworth	ОН	44281-8656	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		500.00		
	EMD ' '	Occupation Emergend	cy Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
).	Full Name (Last, First, Middle Initial) Dr. Kahang Lee Chan			Date of Receipt		
	Mailing Address 3839 Brantley Place Cir			10 24 2006		
	City	State	Zip Code	Transaction ID: 17596117		
Apopka		FL	32703-6855	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			100.00		
	Kahang Lee Chan, MD, FACEP		cy Physician			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1100.00			
s	UBTOTAL of Receipts This Page (optional)			850.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU		PAGE 12/59
	EMIZED RECEIPTS		or each category of the	(check only on		🗖
•			Detailed Summary Page	X 11a 13		11c 12 15 16 17
Δn	by information copied from such Reports and Statem	nents mav	not be sold or used by any person			
or	y information copied from such Reports and Statem for commercial purposes, other than using the name	e and add	ress of any political committee to	solicit contribution	ons from su	ch committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
\rangle	National Emergency Medicine Political Acti	ion Com	mittee			
۹.	Full Name (Last, First, Middle Initial) Dr. Michael C Christopher			Date of Re	ceipt	
	Mailing Address 5129 N Saddle Rock Ln			10	24	2006
	•	State	Zip Code	Transactio		
		AZ	85018-1828	Amount of	Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C				100.00
	EMPower Emera Phys PC	occupation mergend	cy Physician			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		1100.00			
 3.	Full Name (Last, First, Middle Initial) Dr. Benjamin Wayne D'Ooge			Date of Re	ceipt	
	Mailing Address			M M /	D D /	YYYY
	288 Dudala Way			1 0	2 4	2006
	•	State	Zip Code	Transactio		
	Loudon	TN	37774-6848	Amount of	Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	С				365.00
	Name of Employer O Benjamin Wayne D'Ooge, MD,	occupation				
	FACEP		cy Physician			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		465.00			
).	Full Name (Last, First, Middle Initial) Dr. Clifford Erickson			Date of Re	ceipt	
	Mailing Address			M M /	D D /	YYYY
	5309 Ellington Ct	0	7' 0 1	10	24	2006
	•	State IN	Zip Code	Transactio		
		IIN	47630-3170	Amount of	Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C				40.00
	Clifford Erickcon MD EA	occupation				
	<u>CEP</u>		cy Physician			
		Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		240.00			
s	UBTOTAL of Receipts This Page (optional))			505.00
			·			
T	OTAL This Period (last page this line number only)		>			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/59		
ΙT	EMIZED RECEIPTS		or each category of the	(check only one)		
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or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Political	Action Com	nmittee			
A.	Full Name (Last, First, Middle Initial) Dr. Brent F Gardner			Date of Receipt		
	Mailing Address 640 E Club Cir			10 24 7 9 9 9		
	City	State	Zip Code	Transaction ID: 17596121		
	Longwood	FL	32779-2256	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Florida Emer Phys	Occupation Emergen	n cy Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General		1100.00	1		
	Other (specify)	0 0	1100.00			
— В.	Full Name (Last, First, Middle Initial) Dr. Peter Dewitt Hyman, Jr			Date of Receipt		
	Mailing Address			M M / D D / Y Y Y Y		
	541 Fairway Dr	Ctata	7in Code	10 24 2006		
	City	State SC	Zip Code	Transaction ID: 17596125		
	Florence	30	29501-5507	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer McLeod Reg Med Ctr	Occupation Emergen	n cy Physician			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		720.00	1		
	Other (specify) ▼		730.00			
C .	Full Name (Last, First, Middle Initial) Dr. Scott Jason Korvek			Date of Receipt		
	Mailing Address			M M / D D / Y Y Y Y		
	240 Beverly Rd			10 24 2006		
	City	State	Zip Code	Transaction ID: 17596127		
	Pittsburgh	PA	15216-1462	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer Allegheny Gen Hosp	ame of Employer Occupation				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	'''	300.00	1		
	Other (specify) 🔻		333.30	1		
S	UBTOTAL of Receipts This Page (optional)			715.00		

SCHEDULE A (FEC Form 3X)

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) X 11a 11b 11c 12 12 13 14 15 16 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	tements may not be sold or used by any per ame and address of any political committee	son for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	•	
Full Name (Last, First, Middle Initial) Dr. Vera Helena Masutti Mailing Address 2736 N Hampden # 108 City Chicago FEC ID number of contributing federal political committee. Name of Employer Vera Helena Masutti, DO Receipt For: Primary Other (specify)	State Zip Code IL 60614-1645 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / 24 / 2006 Transaction ID: 17596128 Amount of Each Receipt this Period 250.00
Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean Mailing Address 13876 Hearthstone Ln City Hartland FEC ID number of contributing federal political committee.	State Zip Code MI 48353-3145 C	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Saginaw Cooperative Hosp Receipt For: Primary General Other (specify)	Occupation Emergency Physician Aggregate Year-to-Date ▼ 700.00	
Full Name (Last, First, Middle Initial) Dr. Timothy Martin O'Toole Mailing Address 2661 MacNaughten Rd City North Canton FEC ID number of contributing federal political committee. Name of Employer Aultman Hosp ED Receipt For: Primary General	NW State Zip Code OH 44720-9546 C Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt 10 24 2006 Transaction ID: 17596131 Amount of Each Receipt this Period 500.00
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of		850.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/59
TEMIZED RECEIPTS		or each category of the	(check only one)
TEMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and Sta	tements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		201	
National Emergency Medicine Political A	Action Con	nmittee	
Full Name (Last, First, Middle Initial) A. Dr. Cheryl S Reynolds			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
996 Oakpoint Cir			10 24 2006
City	State	Zip Code	Transaction ID: 17596132
Apopka	FL	32712-3706	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		100.00
Name of Employer Florida Emerg Phys	Occupation	n	-
Florida Emerg Phys	Emergen	cy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		1000.00	
Other (specify)			1
Full Name (Last, First, Middle Initial) 3. Dr. Mark R Riser			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
108 Balsamwood Ct	10 24 2006		
City	State	Zip Code	Transaction ID: 17596133
<u>Cary</u>	NC	27513-3456	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Duke Univ Med Ctr	Occupation		7
		cy Physician	
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
Other (specify)	' '	833.34	
		0 0 0 0 0 0 0	
Full Name (Last, First, Middle Initial) Dr. David Charles Seaberg			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
188 SW 131st St			10 24 2006
City	State FL	Zip Code	Transaction ID: 17596134
Newberry	- FL	32669-3052	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer 1329 SW 16th St	Occupation		
Receipt For:		cy Physician e Year-to-Date ▼	_
Primary General	Aggregate	, 16ai-10-Date ▼	1
Other (specify) ▼		1000.00	
SUBTOTAL of Receipts This Page (optional)		>	433.33
TOTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	nmittee	
A. .	Full Name (Last, First, Middle Initial) Dr. Robert C Solomon Mailing Address 214 Briar Path City Imperial FEC ID number of contributing federal political committee. Name of Employer East Ohio Reg Hosp Receipt For: Primary General Other (specify) City Mailing Address 230 Fairgreen Ave City New Smyrna Bch FEC ID number of contributing federal political committee.		Zip Code 15126-9686 n cy Physician e Year-to-Date ▼ Zip Code 32168-6192	Date of Receipt Transaction ID: 17596135 Amount of Each Receipt this Period 83.33 Date of Receipt M M J D D J J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Employer Bert Fish Medical Center Receipt For: Primary General Other (specify) ▼		cy Physician Year-to-Date ▼	
C .	Full Name (Last, First, Middle Initial) Dr. Gary William Tamkin Mailing Address 4 Valley High City Lafayette FEC ID number of contributing federal political committee. Name of Employer Mercy Med Ctr Merced, ED Dir Receipt For: Primary General Other (specify)		Zip Code 94549-2418 n cy Physician e Year-to-Date ▼ 600.00	Date of Receipt M M A 24 2006 Transaction ID: 17596137 Amount of Each Receipt this Period 500.00
s	UBTOTAL of Receipts This Page (optional)		>	1083.33
т	OTAL This Period (last page this line number on	lv)	_	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 / 59 (check only one) X
	y information copied from such Reports and Sta for commercial purposes, other than using the r			on for the purpose of soliciting contributions
\setminus	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick C Blum Mailing Address 1470 Point Marion Rd City	State	Zip Code	Date of Receipt 1 0 2 6 2 0 0 6 Transaction ID: 17600192
	Morgantown FEC ID number of contributing federal political committee.	C	26508-1454	Amount of Each Receipt this Period 83.33
	Name of Employer RCB-HSC Receipt For: Primary General Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 751.33	
В.	Full Name (Last, First, Middle Initial) Dr. Ashley E Booth Mailing Address 3915 Riverside Ave City Jacksonville	State FL	Zip Code 32205-9336	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C	32205-9336	Amount of Each Receipt this Period 250.00
	Name of Employer Shands Jacksonville ED Receipt For: Primary General Other (specify) ▼		n acy Physician e Year-to-Date ▼ 750.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Kelly Foley Mailing Address			Date of Receipt 1 0 2 6 2 0 0 6
	City Virginia Bch	State VA	Zip Code 23455-6859	Transaction ID: 17600217 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer Emergency Phys of Tidewater Receipt For: Primary General Other (specify)		n ncy Physician e Year-to-Date ▼	85.00
s	UBTOTAL of Receipts This Page (optional))	418.33

Any information copied from such Reports and Statements may not be sold or used by any person for the purposes 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 (Last, First, Middle Initial)		CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 59 (check only one) X 11a 11b 11c 12	
National Emergency Medicine Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 6836 Alexander Rd City Charlotte NC 28270-2804 FEC ID number of contributing federal political committee. City State Zip Code NC 28270-2804 Transaction ID: 17600218 Amount of Each Receipt this Period Transaction ID: 17600218 Amount of Each Receipt this Period Transaction ID: 17600218 Amount of Each Receipt this Period Transaction ID: 17600218 Amount of Each Receipt this Period Transaction ID: 17600218 Amount of Each Receipt this Period Transaction ID: 17600218 Transaction ID: 17600222 Transaction ID: 1760022	Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	on for the purpose of soliciting contributions	17
Ab. Marsha D Ford Mailing Address 6836 Alexander Rd City State Zip Code Charlotte NC 28270-2804 FEC ID number of contributing federal political committee. City State Zip Code Receipt For: Primary General Other (specify) ▼ State Zip Code Perimary General Other (specify) ▼ State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Date of Receipt Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600219 Amount of Each Receipt this Period Transaction ID: 17600220 Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Transaction ID: 17600222 Transaction ID: 17600229 Transaction	$\overline{\rangle}$	NAME OF COMMITTEE (In Full)		• •		
Primary General Other (specify) ▼	Α.	Dr. Marsha D Ford Mailing Address 6836 Alexander Rd City Charlotte FEC ID number of contributing federal political committee.	NC C Occupation	28270-2804	Transaction ID: 17600218 Amount of Each Receipt this Period	_
Mailing Address 29 Heritage Ct City Randolph NJ 07869-3534 FEC ID number of contributing federal political Associates Emergency Physician Receipt For: Primary Other (specify) ▼ State Zip Code NJ 07869-3534 Aggregate Year-to-Date ▼ 100.00 Date of Receipt Transaction ID: 17600219 Amount of Each Receipt this Period FEC ID number of contributing federal political Associates Emergency Physician Receipt For: Primary Other (specify) ▼ State Zip Code Transaction ID: 17600222 Arilington Date of Receipt Transaction ID: 17600219 Amount of Each Receipt this Period Date of Receipt Transaction ID: 17600229 Amount of Each Receipt Transaction ID: 17600222 Amount of Each Receipt Transaction ID: 17600222 Amount of Each Receipt this Period Transaction ID: 17600222 Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Name of Employer Andrea L Green, MD, FACEP Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼		Primary General	Aggregate			
Date of Receipt Mailing Address 5 Twin Springs Dr City Arlington FEC ID number of contributing federal political committee. Name of Employer Andrea L Green, MD, FACEP Receipt For: Primary Other (specify) Aggregate Year-to-Date Date of Receipt M M M / D D / 2 6 / 2 0 0 6 Transaction ID: 17600222 Amount of Each Receipt this Period 100.00	3.	Dr. Michael Joseph Gerardi Mailing Address 29 Heritage Ct City Randolph FEC ID number of contributing federal political committee. Name of Employer Emergency Medical Associates Receipt For: Primary General Other (specify) ▼	NJ C Occupation Emergence	07869-3534 n cy Physician Year-to-Date ▼	Transaction ID: 17600219 Amount of Each Receipt this Period]
SUBTOTAL of Receipts This Page (optional)	C.	Dr. Andrea L Green Mailing Address 5 Twin Springs Dr City Arlington FEC ID number of contributing federal political committee. Name of Employer Andrea L Green, MD, FACEP Receipt For: Primary General	TX C Occupation Emergence	76016-4027 n cy Physician Year-to-Date ▼	Transaction ID: 17600222 Amount of Each Receipt this Period]
	s	UBTOTAL of Receipts This Page (optional)		·····	241.67]

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 19 / 59 (check only one) X 11a 11b 11c 12 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. J Brian Hancock Mailing Address 4827 Pebworth PI City Saginaw FEC ID number of contributing federal political committee. Name of Employer J Brian Hancock, MD, FACEP Receipt For: Primary General Other (specify)		Zip Code 48603-9306 n cy Physician Year-to-Date ▼	Date of Receipt M M A 26 2006 Transaction ID: 17656875 Amount of Each Receipt this Period 250.00
3.	Full Name (Last, First, Middle Initial) Dr. Ramon W Johnson Mailing Address 26921 La Alameda # 322 City Mission Viejo FEC ID number of contributing federal political committee. Name of Employer Mission Hosp	State CA C Occupation	Zip Code 92691-7374	Date of Receipt M M M / 26 / 2006 Transaction ID: 17657096 Amount of Each Receipt this Period 500.00
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 500.00	
D.	Full Name (Last, First, Middle Initial) Dr. Jay Kaplan Mailing Address 300 Oak Ave City San Anselmo FEC ID number of contributing federal political committee. Name of Employer CA Emerg Phys Med Grp Receipt For: Primary General Other (specify)		Zip Code 94960-2703 n cy Physician Year-to-Date ▼ 710.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		>	850.00
T	OTAL This Period (last page this line number on	lv)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	tion Com	mittee	
Α.	Name of Employer Carolinas Med Ctr ED MEB-3		Zip Code 28209-3458 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / 2 6 2 0 0 6 Transaction ID: 17657237 Amount of Each Receipt this Period 250.00
3.	Name of Employer Cleveland Clinic ED		Zip Code 44026-1757 Toy Physician Year-to-Date ▼ 500.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Name of Employer EmCare Inc		Zip Code 21209-4421 n cy Physician Year-to-Date ▼ 600.00	Date of Receipt M M M / 26 2006 Transaction ID: 17657436 Amount of Each Receipt this Period 100.00
s	UBTOTAL of Receipts This Page (optional)		>	850.00
T	OTAL This Period (last page this line number only))	>	

C				FOR LINE NUMBER: PAGE 21 / 59
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any personal dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	National Emergency Medicine Political	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. John S Milne			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	530 Wilderness Peak D	r NW		10 26 2006
	City	State	Zip Code	Transaction ID: 17657500
	Issaquah	WA	98027-5621	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Swedish Med Ctr	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750,00	7
	Other (specify) ▼		750.00	
В.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	2300 N Black Oak Dr			10 26 2006
	City	State	Zip Code	Transaction ID: 17657768
	Angola	IN	46703-8195	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	N (F)	10 "		_
	Name of Employer Professional Emerg Phys	Occupation		
	Inc		cy Physician	\dashv
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	_
	Other (specify)	' '	700.00	
	Cirier (specify)	1		1
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Ernest Page, II			Date of Receipt
	Mailing Address 7896 Horse Ferry Rd			10 26 2006
	City	State	Zip Code	Transaction ID: 17657846
	Orlando	FL	32835-5966	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Florida Emerg Phys	Occupation		
			cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify) ▼		250.00	
0	UBTOTAL of Receipts This Page (optional)			600.00
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 22 / 59
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
11	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a
_				13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Emergency Medicine Political A	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Charles F Pattavina			Date of Receipt
	Mailing Address Fallon Clinic@Worceste 123 Summer St Ste 170	rMedCtr		10 26 7 2006
	City	State	Zip Code	Transaction ID: 17657906
	Worcester	MA	01608-1216	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fallon Clinic@WorcesterMe- dCtr	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify)		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Alexander Max Rosenau			Date of Receipt
	Mailing Address 1140 N Broad St	10 26 7 2006		
	City	State	Transaction ID: 17690494	
	Allentown	PA	18104-2912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Lehigh Valley Hosp	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼	0 0	950.00	
_	Full Name (Last, First, Middle Initial)			
C.				Date of Receipt
	Mailing Address			10 26 2006
	PO Box 5101		7: 0 1	
	City	State	Zip Code	Transaction ID: 17690495
	Culver City	CA	90231-5101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer California Emerg Phys	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		750.00	1
	Other (specify)		750.00	
<u> </u>	UBTOTAL of Receipts This Page (optional)			750.00
L	SELECTION TO THE OFFICE AND THE TAGE (OPTIONAL)			

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 23/59		
ITEMIZED RECEIPTS			or each category of the	(check only one)	ı 🗖		
			Detailed Summary Page	X 11a 11b 13 14	11c 12 15 16 17		
Δη	y information copied from such Reports and S	tatomente may	unot he cold or used by any perso				
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from s	uch committee.		
abla	NAME OF COMMITTEE (In Full)						
\rangle	National Emergency Medicine Political	Action Com	nmittee				
A.	Full Name (Last, First, Middle Initial) Dr. David William Ross			Date of Receipt			
	Mailing Address 15340 Raton Rd			10 26	2006		
	City	State	Zip Code	Transaction ID: 176	690496		
	Colorado Spgs	CO	80921-2140	Amount of Each Rec			
	FEC ID number of contributing federal political committee.	C			83.33		
	Name of Employer Front EM Specialties Inc	Occupation Emergen	n cy Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		583.33				
	Other (specify) ▼	0 0	300.00				
В.	Full Name (Last, First, Middle Initial) Dr. Scott Edward Rudkin			Date of Receipt			
	Mailing Address			10 26	2006		
	6731 E Boscana Ct City	State	Zip Code				
	<u>Orange</u>	CA	92867-6406	Transaction ID: 176 Amount of Each Rec			
	FEC ID number of contributing		32007 0400	Amount of Lacif Nec	 		
	federal political committee.	C			250.00		
	Name of Employer Univ CA Irvine	Occupation					
			cy Physician				
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼				
	Other (specify) ▼		650.00				
C.	Full Name (Last, First, Middle Initial) Dr. Richard L Stennes			Date of Receipt			
	Mailing Address			10 26	2006		
	2533 Calle Del Oro City	State	Zip Code	Transaction ID: 176			
	La Jolla	CA	92037-2005	Amount of Each Rec			
	FEC ID number of contributing		1 1 1 1 1 1	7 IIII GAIR OF EGOTI FIOO	· · · · · · · · · · · · · · · · · · ·		
	federal political committee.	С			250.00		
	Name of Employer Richard L Stennes, MD, FA-	Occupation					
	CEP Receipt For:		cy Physician e Year-to-Date ▼	_			
	Primary General	Aggregate	r rear-to-date V	1			
Other (specify)			250.00				
S	UBTOTAL of Receipts This Page (optional)				583.33		
\vdash	ODITAL OF HOSSIPES THIS Fage (optional)						
T	OTAL This Period (last page this line number	only)	>				

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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 59	
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	National Emergency Medicine Political A	ction Com	nmittee	
Α.				Date of Receipt
	Mailing Address 6660 Richardson Rd	10 26 2006		
	City	State	Zip Code	Transaction ID: 17690500
	Fairview	PA	16415-1654	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hamot Med Ctr ED	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		050,00	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Tom Werlinich			Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y		
	2303 Oak Forest Court	10 26 2006		
	City	Zip Code	Transaction ID: 17690501	
	Arlington	TX	76012-4285	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tom Werlinich	Occupation FEC	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		250.00	
C.	Full Name (Last, First, Middle Initial) Dr. Robert V Buehl			Date of Receipt
	Mailing Address 822 Noe St			10 30 2006
	City	State	Zip Code	Transaction ID: 17690508
	San Francisco	CA	94114-2909	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer San Ramon Regional Med Ctr ED	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		222.22	1
	Other (specify) ▼		600.00	
	LIDTOTAL of Descripts This Description			1000.00
L	UBTOTAL of Receipts This Page (optional)		·······	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 59	
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may ime and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political A	ction Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. David E Denekas			Date of Receipt
	Mailing Address Highview on the Bay 6220 W Shore Dr			10 30 2006
	City	State	Zip Code	Transaction ID: 17690510
	Tracys Landing	MD	20779-2400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Calvert Mem Hosp ED	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify) ▼		350.00	
В.	Full Name (Last, First, Middle Initial) Dr. Christopher A Ewing			Date of Receipt
	Mailing Address	M M / D D / Y Y Y Y		
	2198 Lakeshore Dr	10 30 2006		
	City	Transaction ID: 17690511		
	Canyon Lake	TX	78133-2926	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Wilford Hall Med Ctr	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify) ▼		365.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. David J Pillow, Jr			Date of Receipt
	Mailing Address 5332 Wateka Dr			10 30 Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17690515
	Dallas	TX	75209-5512	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer St Paul Univ Hosp	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 1100.00	
s	UBTOTAL of Receipts This Page (optional)			1615.00
<u>_</u>				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one) X 11a 11b 1 13 14	PAGE 26 / 59 11c
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may ne and add	not be sold or used by any perso ress of any political committee to	n for the purpose of solic solicit contributions from	iting contributions such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	tion Com	mittee		
A.	Name of Employer Vail Valley Med Ctr		Zip Code 80443-3319 Toy Physician Year-to-Date ▼ 350.00	Date of Receipt 10 30 Transaction ID: 17 Amount of Each Re	2 0 0 6 7690516
3.	Dr. Luis Quintero Mailing Address 3 Walnut Trace Ct City Simpsonville FEC ID number of contributing federal political committee. Name of Employer Luis Quintero, MD, FACEP		Zip Code 29681-4769 n cy Physician Year-to-Date ▼ 350.00	Date of Receipt M M M / D D 3 0 Transaction ID: 17 Amount of Each Re	7690517
C.	Name of Employer Palomar Med Ctr		Zip Code 92029-7947 acy Physician Year-to-Date ▼	Date of Receipt M M M / D B D 1 0 3 0 Transaction ID: 17 Amount of Each Re	7690519
s	UBTOTAL of Receipts This Page (optional)		>		711.00
T	OTAL This Period (last page this line number only)	١	>		

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S	CHEDULE A (FEC Form 3X)		Llas separata sebadula(s)		OR LINE NUMBER: PAGE 27 / 59		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the) (c	(check only one)		
•	EWIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12		
Δ.	winformation assign from such Departs and Cta	tamanta ma	unat ha anid ar unad hu anu n	araan fa	13 14 15 16 17		
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and ad	dress of any political committe	ee to soli	cit contributions from such committee.		
	NAME OF COMMITTEE (In Full)						
\angle	National Emergency Medicine Political	Action Con	nmittee				
Α.	Full Name (Last, First, Middle Initial) Dr. Borys Trochym				Date of Receipt		
	Mailing Address 400 Central Park W #10	М			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code		Transaction ID: 17690523		
	New York	NY	10025-5838		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			365.00		
	Name of Employer Emerg Med Assoc	Occupatio Emerger	n ncy Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	1	465.00	,			
	Other (specify)		1 1 1 1 1 1				
В.	Full Name (Last, First, Middle Initial) Dr. Michael Goodwin Cetta				Date of Receipt		
	Mailing Address		M M / D D / Y Y Y				
	13011 Boswell Ct				10 30 2006		
	City	State	Zip Code	<u> </u>	Transaction ID: 17690530		
	Potomac	MD	20854-6361		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С			500.00		
	Name of Employer Shady Grove Hosp	Occupatio Emerger	n ncy Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General	1	500.00				
	Other (specify)		300.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. David J Adinaro				Date of Receipt		
٥.	Mailing Address				M M / D D / Y Y Y Y		
	22 E Madison Ave		10 30 2006				
	City	State	Zip Code		Transaction ID: 17690532		
	Florham Park	NJ	07932-2634		Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			365.00			
	Name of Employer St Josephs Hosp Med Ctr	ame of Employer Occupation					
	<u>ED</u>		icy Physician				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		365.00				
	Other (specify)	0 0	330.00	0			
Г					122226		
s	UBTOTAL of Receipts This Page (optional)			•	1230.00		

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 59
ITEMIZED RECEIPTS			or each category of the	(check only one)
			Detailed Summary Page	X 11a 11b 11c 12
			2 otamou ourimiary r ago	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Emergency Medicine Political A	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. John A Davies			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	4471 Kinkead Ct			11 17 2006
	City	State	Zip Code	Transaction ID: 17727700
	<u>Fayetteville</u>	NC	28314-2487	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Cape Fear Valley Med Ctr	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		265.00	1
	Other (specify)	0 0	365.00	
В.	Full Name (Last, First, Middle Initial) Dr. Christopher D Elliott			Date of Receipt
	Mailing Address 3196 Hikina Rd	1 1 1 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: 17727701
	Koloa	HI	96756-8500	Amount of Each Receipt this Period
	FEC ID number of contributing			205.00
	federal political committee.	C		365.00
	Name of Employer Christopher D Elliott, MD	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		465.00	1
	Other (specify)		465.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Matthew John McDevitt			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	800 S Gaylord St			11 17 2006
	City	State	Zip Code	Transaction ID: 17727702
	<u>Denver</u>	CO	80209-4632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Carepoint PC	Occupation Emergen	n Icy Physician	7
	Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	600.00	
	IIRTOTAL of Receipts This Ress (antional)			1230.00
٦	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 29 / 59
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and ado	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee	
A.	Full Name (Last, First, Middle Initial) Dr. Steven Robert Offerman			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	5921 Shepard Ave			11 17 2006
	City	State	Zip Code	Transaction ID: 17727704
	Sacramento	CA	95819-2539	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
	Name of Employer Univ CA Davis Med Ctr	Occupation	1	7
	Univ CA Davis Med Ctr		cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	l	300.00	
				1
	Full Name (Last, First, Middle Initial)			Data of Descript
В.				Date of Receipt
	Mailing Address 1113 Woodmont Rd			11 17 2006
	City	State	Zip Code	Transaction ID: 17727705
	Gladwyne	PA	19035-1022	Amount of Each Receipt this Period
	•			
	FEC ID number of contributing federal political committee.			500.00
	·	1.		
	Name of Employer Thomas Jefferson Univ Hosp	Occupation		
	-		cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		600.00	
	Cirici (Specify)	0 0		
_	Full Name (Last, First, Middle Initial)			+
C.	Dr. C Doyle Haynes			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	1146 County Rd 817			11 15 2006
	City	State	Zip Code	Transaction ID: 17727713
	Nacogdoches	TX	75964-4455	Amount of Each Receipt this Period
	FEC ID number of contributing	С		100.00
	federal political committee.			
	Name of Employer Mem Hosp	Occupation		
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)		1000.00	
_				
		700.00		
S	UBTOTAL of Receipts This Page (optional)	700.00		

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	()	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 30 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Polit	ical Action Con	nmittee	
Full Name (Last, First, Middle Initial) Dr. William Bruce Watson Mailing Address 107 E Burke Ave City Towson FEC ID number of contributing federal political committee. Name of Employer Union Mem Hosp ED Receipt For: Primary General Other (specify)		Zip Code 21286-1118 n ncy Physician e Year-to-Date ▼ 615.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kenneth H Hayman, Jr Mailing Address 636 Valley Bridge City Chattanooga FEC ID number of contributing federal political committee. Name of Employer Kenneth H Hayman Jr, MD Receipt For: Primary General Other (specify)		Zip Code 37415-3917 n ncy Physician e Year-to-Date ▼ 300.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Joseph Mailing Address 14855 Tyler Mill Ct City Haymarket FEC ID number of contributing federal political committee. Name of Employer Jeffrey Alan Joseph, DO, FACEP Receipt For: Primary General Other (specify)		Zip Code 20169-2628 n ncy Physician e Year-to-Date ▼ 1000.00	Date of Receipt M M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l)		965.00
TOTAL This Period (last page this line num	ber only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 59
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the name	nents may e and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	ion Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Timothy R Drury Mailing Address 1290 Shannock Rd City	State	Zip Code	Date of Receipt 1 1 5 2 0 0 6 Transaction ID: 17727762
		RI	02813-3745	Amount of Each Receipt this Period
	FFC ID number of contribution	C	1 1 1 1 1 1	365.00
	South County Hosp		n cy Physician Year-to-Date ▼	
	Primary General Other (specify) ▼	199.094.0	730.00	
В.	Full Name (Last, First, Middle Initial) Dr. Timothy G Greco Mailing Address 1260 Crestview Dr			Date of Receipt M M D D Y Y Y Y Y Y Y Y
		State	Zip Code	Transaction ID: 17727763
	•	CA	92833-2206	Amount of Each Receipt this Period
	EEC ID asserbase of a section time.	C	1 1 1 1 1 1	1000.00
	St Judo Hoch	ccupatior mergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
C.	Full Name (Last, First, Middle Initial) Dr. Michael David Olgren Mailing Address			Date of Receipt
	1042 Eastwood Ave SE			11 15 2006
		State	Zip Code	Transaction ID: 17727764
	Grand Rapids	MI	49506-3578	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Grand River Emerg Med Grp PC		cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)			1865.00
Ļ	OTAL This Period (last page this line number only)		·	

SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 59 (check only one) X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	nmittee	
<u>′</u> А.	Full Name (Last, First, Middle Initial) Dr. Xavier P Anton Mailing Address 3629 Palmetto Ave City Miami FEC ID number of contributing federal political committee. Name of Employer Mercy Hosp ED Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Peter L Sosnow		Zip Code 33133-6220 n cy Physician e Year-to-Date ▼	Date of Receipt M M M / 16 / 2006 Transaction ID: 17727770 Amount of Each Receipt this Period 200.00 Date of Receipt
3.	Mailing Address 37 Dublin Dr City Niskayuna FEC ID number of contributing federal political committee. Name of Employer Albany Mem Hosp Chairman Receipt For: Primary General Other (specify) ▼		Zip Code 12309-1442 n cy Physician Year-to-Date ▼	Transaction ID: 17843502 Amount of Each Receipt this Period 100.00
5.	Full Name (Last, First, Middle Initial) Dr. Russell C Roundy Mailing Address S 1015 Primrose Ln City Spokane FEC ID number of contributing federal political committee. Name of Employer Sacred Heart Med Ctr ED Receipt For: Primary General Other (specify)		Zip Code 99224-2005 n cy Physician Year-to-Date ▼	Date of Receipt M M M / 20 / 2006 Transaction ID: 17853694 Amount of Each Receipt this Period 500.00
s	UBTOTAL of Receipts This Page (optional)		······	800.00
Т	OTAL This Period (last page this line number on	v)	>	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 59 (check only one) X
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	mittee	
Full Name (Last, First, Middle Initial) Dr. Gregory Jon Smolin Mailing Address				Date of Receipt
	3435 Pebble Ridge Dr City	State	Zip Code	11 20 2006
	York	PA	17402-4349	Transaction ID: 17853696 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer EMP of York County, LLC		cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Emile El-Shammaa			Date of Receipt
	Mailing Address 287 Bristol Way City	State	Zip Code	1 1 2 0 2 0 0 6 Transaction ID: 17853697
	Worthington	OH	43085-3272	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer OH State Univ Med Ctr		cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
) .	Full Name (Last, First, Middle Initial) Dr. Sandra Rose Picone			Date of Receipt
	Mailing Address 100 Mt Grey Rd			111 20 7 2006
	City Setauket	State NY	Zip Code 11733-1653	Transaction ID: 17853711 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Good Samaritan Hosp Med Ctr		cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 465.00	
s	UBTOTAL of Receipts This Page (optional)			850.00
	,			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 59 (check only one) X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Erin E Rinto Mailing Address 4730 Abnaki Trl City Lima FEC ID number of contributing federal political committee. Name of Employer St Ritas Receipt For: Primary General		Zip Code 45805-4701 n cy Physician e Year-to-Date ▼	Date of Receipt M M M / 22 / 2006 Transaction ID: 17853737 Amount of Each Receipt this Period 300.00
3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey B Gordon Mailing Address 1780 Robinwood Ln City Riverwoods FEC ID number of contributing	State IL	Zip Code 60015-1651	Date of Receipt M M M / 20 / 2006 Transaction ID: 17856781 Amount of Each Receipt this Period 200.00
	Name of Employer Alexian Brothers Med Ctr Receipt For: Primary General Other (specify)	Occupation Emergen	n cy Physician Year-to-Date ▼	
C .	Full Name (Last, First, Middle Initial) Dr. Paul Wahlheim Mailing Address 310 W Holly St City Phoenix FEC ID number of contributing federal political committee. Name of Employer EMPower Emerg Phys PC Receipt For: Primary General Other (specify)	·	Zip Code 85003-1117 n cy Physician e Year-to-Date ▼	Date of Receipt M M M / 22 / 2006 Transaction ID: 17857754 Amount of Each Receipt this Period 500.00
s	UBTOTAL of Receipts This Page (optional)			1000.00
	OTAL This Period (last page this line number or			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 59
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	y information copied from such Reports and Stat	emente may	y not be sold or used by any perso	
or	for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political A	ction Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. John D Uphold			Date of Receipt
	Mailing Address 625 Gould Ter			1 1 2 2 2 0 0 6
	City	State	Zip Code	Transaction ID: 17857962
	Hermosa Beach	CA	90254-2240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Beverly Hosp	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 1	600.00	1
	Other (specify) ▼		000.00	
_	Full Name (Last, First, Middle Initial)			+
В.	Dr. Matthew N Dommer			Date of Receipt
	Mailing Address			1 1 2 2 2 0 0 6
	9444 Maricopa Trl City	State	Zip Code	Transaction ID: 17858364
	Kalamozoo	MI	49009-4961	Amount of Each Receipt this Period
	FEC ID number of contributing		10000 1001	
	federal political committee.	C		1000.00
	Name of Employer_	Occupation	<u> </u>	+
	Southwestern MI Emer Svc PC		cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Bruce S Whitman			Date of Receipt
J .	Mailing Address			M M / D D / Y Y Y Y
	315 Londonderry Dr			11 08 2006
	City	State	Zip Code	Transaction ID: 17879064
	Lumberton	NC	28358-8316	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Southeastern Reg Med Ctr	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	1
Primary General			365.00	1
	Other (specify) ▼	0 0	303.00	
٦	UBTOTAL of Receipts This Page (optional)			1865.00
\vdash	== 1 - 1.12 C. T. Cocopio Tino Fago (optional)			
lτ	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 36 / 59
•			Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Neal A Kaforey			Date of Receipt
Λ.	Mailing Address			M M / D D / Y Y Y Y
	2271 Cross Creek Trl			11 02 2006
	City	State	Zip Code	Transaction ID: 17879682
	Cuyahoga Falls	ОН	44223-1271	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		100.00
	Name of Employer Kaiser Permanente Emerg	Occupation		7
			cy Physician	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	600.00	
	Cultif (epochy) \(\psi\)	0 0		
В.	Full Name (Last, First, Middle Initial) Dr. James Medina			Date of Receipt
٥.	Mailing Address			M M / D D / Y Y Y Y
	320 Waters Edge Dr			11 03 2006
	City	State	Zip Code	Transaction ID: 17879692
	Lancaster	PA	17602-4698	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer	Occupation	1	7
	Lancaster Emer Assoc	Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	1
	Other (specify)		303.00	
_	Full Name (Last, First, Middle Initial)			Date of Descript
C.	Dr. Brent E Ruoff Mailing Address			Date of Receipt
	611 Tanya Court Dr			11 07 2006
	City	State	Zip Code	Transaction ID: 17879799
	Saint Louis	МО	63129-2555	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer WUSM EM Division	Occupation		7
		<u> </u>	cy Physician	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)			1
0	UBTOTAL of Receipts This Page (optional)			965.00
\vdash	ODITAL OF HOOOIPES THIS Lage (Optional)			

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S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 59		
	EMIZED RECEIPTS		or each category of the	(check only one)		
11	EIVIIZED NECEIP I 3		Detailed Summary Page	X 11a		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and ado	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	National Emergency Medicine Political A	ction Com	nmittee			
Α.	Full Name (Last, First, Middle Initial) Dr. Thomas E Andres			Date of Receipt		
	Mailing Address 4019 Doe Creek Dr			11 07 2006		
	City	State	Zip Code	Transaction ID: 17879803		
	Floyds Knobs	IN	47119-9651	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer Univ of Louisville	Occupation Emergen	n cy Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	400.00			
В.	Full Name (Last, First, Middle Initial) Dr. Guy Franklin Fain, III			Date of Receipt		
	Mailing Address			M M / D D / Y Y Y Y		
	10 Prentice Ln			11 07 2006		
	City	State	Zip Code	Transaction ID: 17879804		
	Signal Mtn	TN	37377-2037	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		365.00		
	Name of Employer East Ridge Hosp ED	Occupation Emergen	n cy Physician			
	Receipt For:		Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼	0 0	365.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Chad D Miller			Date of Receipt		
	Mailing Address 8004 Dorsett Downs Dr			1 1 0 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: 17879806		
	Stokesdale	NC	27357-9359	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		365.00		
	Name of Employer Wake Forest Univ BMC	n cy Physician				
	Receipt For: Primary General		Year-to-Date ▼			
	Other (specify) ▼		465.00			
<u>ج</u>	UBTOTAL of Receipts This Page (optional)			930.00		
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	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 59 (check only one) X 11a 11b 11c 12 15 16 17
Any or fo	information copied from such Reports and Stat r commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) Jational Emergency Medicine Political A	ction Com	nmittee	
F F f f e G G G G G G G G G G G G G G G G G	ull Name (Last, First, Middle Initial) r. Marc M Dreier lailing Address 295 Richards Rd ity Ridgewood EC ID number of contributing ederal political committee. ame of Employer he Valley Hosp ecceipt For: Primary General Other (specify) ull Name (Last, First, Middle Initial) r. Mark L Fennema lailing Address 568 N Maple Ave ity Greensburg EC ID number of contributing ederal political committee.	State NJ C Occupatior Emergen Aggregate State PA C	Zip Code 07450-1009 n cy Physician Year-to-Date ▼ 600.00 Zip Code 15601-1654	Date of Receipt Transaction ID: 17879808 Amount of Each Receipt this Period 500.00 Date of Receipt 1 1 0 7 7 2 0 0 6 Transaction ID: 17879809 Amount of Each Receipt this Period 20.00
N	ame of Employer flark L Fennema, DO, FACEP seceipt For: Primary General Other (specify)		n cy Physician Year-to-Date ▼ 220.00	
C. D. M. C. Y. F. F. F. E. C. N. E. C. Y.	ull Name (Last, First, Middle Initial) r. Christina C Drummond lailing Address 7009 W St Andrews Ave ity 'orktown EC ID number of contributing ederal political committee. lame of Employer merg Phys of DE Co ecceipt For: Primary General Other (specify)		Zip Code 47396-9234 n cy Physician Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUE	BTOTAL of Receipts This Page (optional)		·····	720.00
TO	TAL This Period (last page this line number on	lv)	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 59
	`		Use separate schedule(s)	(check only one)
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			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Ar	ny information copied from such Reports and Si	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee	
	National Effergency Medicine Follical	Action Con	millioe	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. David Mason			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	930 Gracie Way			11 08 2006
	City	State	Zip Code	Transaction ID: 17879827
	Charlotte	NC	28204-3000	Amount of Each Receipt this Period
	FEC ID number of contributing			070.00
	federal political committee.	C		250.00
	·			
	Name of Employer PEMA	Occupation		
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	350.00	
	Other (specify) ▼		330.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address			11 08 2006
	1328 Springvale Dr	01-1-	7'- 0-1-	
	City	State	Zip Code	Transaction ID: 17879831
	Belair	MD	21015-5848	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	-
	Harford Mem Hosp		cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	, iggi ogaic	Tour to Bate V	1
	Other (specify)		250.00	
	(- 3/) 4		0 0 0 0 0 0 0	1
	Full Name (Last, First, Middle Initial)	<u> </u>		
C.	Dr. Rashid J Baddoura			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	120 Heights Rd			11 08 2006
	City	State	Zip Code	Transaction ID: 17879840
	Ridgewood	NJ	07450-2412	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
		-		
	Name of Employer Valley Hospital	Occupation		
			cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼		1000.00	1
_				
				1500.00
S	UBTOTAL of Receipts This Page (optional)			1500.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 59		
	ITEMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	17
Ar	ny information copied from such Reports and Stat	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions	·
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Political A	ction Com	nmittee		
^	Full Name (Last, First, Middle Initial)			Date of Receipt	
Α.	Dr. Rachel A English Mailing Address			Date of Receipt	
	1825 N 74th St			11 08 2006	
	City	State	Zip Code	Transaction ID: 17879844	
	Wauwatosa	WI	53213-2219	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		200.00	
	Name of Employer St Michael Hosp	Occupation Emergen	n cy Physician		
	Receipt For:		Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) ▼		300.00		
В.	Full Name (Last, First, Middle Initial) Dr. Celia B Entwistle			Date of Receipt	
	Mailing Address			M M / D D / Y Y Y Y	
	1364 Braeburn Rd NW	Ctata	7:- Od-	11 08 2006	
	City Concord	State NC	Zip Code	Transaction ID: 17879845	
		INC	28027-8803	Amount of Each Receipt this Period	-
	FEC ID number of contributing federal political committee.	C		200.00	
	Name of Employer MidAtlantic Emer Med Assoc	Occupation			
			cy Physician	4	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	1	
	Other (specify)		500.00		
_	Full Name (Last, First, Middle Initial)				_
C.	Dr. Gayle A Galan Mailing Address			Date of Receipt	
	1742 Rock Hill Ln			11 08 2006	
	City	State	Zip Code	Transaction ID: 17879846	
	Akron	OH	44313-8019	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		200.00	1
	federal political committee.			200.00	_
	Name of Employer Gayle A Galan, MD, FACEP	Occupation		7	
	Lineige		cy Physician Year-to-Date ▼	_	
			: Teal-to-Date V		
	Other (specify) ▼		300.00		
			_		
s	UBTOTAL of Receipts This Page (optional)	600.00			
\vdash	. 5 ,				1
т	OTAL This Period (last page this line number on	ly)	>		1

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 41 / 59	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	🗖
••			Detailed Summary Page		11c 12 15 16 17
Δη	v information copied from such Reports and Str	atomonte may	y not be cold or used by any perso		
or	y information copied from such Reports and Sta for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from su	ch committee.
\setminus	NAME OF COMMITTEE (In Full)				
	National Emergency Medicine Political	Action Com	nmittee		
Α.	Full Name (Last, First, Middle Initial) Dr. Laurence J Gavin			Date of Receipt	
	Mailing Address 312 S Fairfield Rd			11 08	2006
	City	State	Zip Code	Transaction ID: 1787	
	Devon	PA	19333-1633	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			365.00
	Name of Employer Presbyterian Med Ctr ED	Occupation Emergen	n cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		615.00		
	Other (specify) ▼	0 0	010.00		
В.	Full Name (Last, First, Middle Initial) Dr. Ronald Eugene Graham			Date of Receipt	
	Mailing Address			M M / D D /	YYYY
	2104 Pell St	0	7' 0 1	11 08	2006
	City	State	Zip Code	Transaction ID: 1787	
	Scottsboro	AL	35769-3940	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Baptist Med Ctr Dekalb	Occupation			
	<u> </u>		cy Physician		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		1100.00		
C.	Full Name (Last, First, Middle Initial) Dr. Jack Henry Mitstifer			Date of Receipt	
	Mailing Address 4877 Squire Dr			M M / D D /	2006
	City	State	Zip Code	Transaction ID: 1787	
	Sagamore HIs	ОН	44067-3287	Amount of Each Rece	
	FEC ID number of contributing		1 1 1 1 1		1000.00
	federal political committee.	C			1000.00
GEMS Emerge		Occupation	n cy Physician		
		<u> </u>	Year-to-Date ▼	-	
	Primary General	7 1991 09410		.	
	Other (specify) ▼	0 0	1750.00		
					2365.00
S	UBTOTAL of Receipts This Page (optional)		······		20000
T	OTAL This Period (last page this line number o	nly)	>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17				
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	nmittee					
А.	Full Name (Last, First, Middle Initial) Dr. Sandra Kay Saunders Mailing Address PO Box 3371 City Ashland FEC ID number of contributing federal political committee. Name of Employer Sandra Kay Saunders, MD, FACEP Receipt For: Primary General Other (specify) City Mailing Address 1627 S Ponce de Leon Artical Sandra Atlanta	Aggregate	Zip Code 97520-0313 n cy Physician e Year-to-Date ▼ 465.00 Zip Code 30307-1656	Date of Receipt M M 08				
	FEC ID number of contributing federal political committee. Name of Employer Patricia Jo Schiff, MD, FACEP Receipt For: Primary General Other (specify)	Occupation Emergen		100.00				
	Full Name (Last, First, Middle Initial) Dr. Craig S Thomas Mailing Address 356A Kaelepulu Dr City Kailua FEC ID number of contributing federal political committee. Name of Employer HEPA Receipt For: Primary General Other (specify)		Zip Code 96734-3305 In acy Physician e Year-to-Date ▼	Date of Receipt M M M / D D N 2006 Transaction ID: 17879860 Amount of Each Receipt this Period 1000.00				
s	UBTOTAL of Receipts This Page (optional)	UBTOTAL of Receipts This Page (optional)						
т	OTAL This Period (last page this line number on	v)						

<u> </u>	COLLEDIN E A (EEO Es una OV)			FOR LINE NUMBER: PAGE 43 / 59
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		
			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and ado	r not be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\rangle	National Emergency Medicine Political	Action Com	mittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Ernie Woodhouse			Date of Receipt
	Mailing Address 11625 Cielo Ln			11 10 2006
	City	State	Zip Code	Transaction ID: 17879875
	Loma Linda	CA	92354-3708	Amount of Each Receipt this Period
		<u>.</u>	5200 : 0. 00	7 tillodiit of Edolf Floodipt tillo Forlod
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer CA Emerg Phys Med Grp	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		550.00	
				1
— В.	Full Name (Last, First, Middle Initial) Dr. Jonathan Eric Laine			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	PO Box 34015			11 10 2006
	City	State	Zip Code	Transaction ID: 17879877
	Truckee	CA	96160-4015	Amount of Each Receipt this Period
				7 thouse of Each Floodipt this 1 office
	FEC ID number of contributing federal political committee.	C		150.00
	Name of Employer NNEP	Occupation	1	
	NNEP	Emergen	cy Physician	
	Receipt For:	-	Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		350.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Mark S May			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	11734 Cassowary Dr			11 10 2006
	City	State	Zip Code	Transaction ID: 17879880
	Sandy	UT	84092-7170	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Jordan Valley Hosp ED		1	
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify)		325.00	
		1 0		1
_	UDTOTAL of December 711 Day () 2 2			450.00
Ls	UBTOTAL of Receipts This Page (optional)		······	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 59 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	nmittee	
۹.	Full Name (Last, First, Middle Initial) Dr. Gregory H Smith Mailing Address 1110 W Davidson Dr	Chata	7'- Onda	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Champaign	State II	Zip Code	Transaction ID: 17881545
	FEC ID number of contributing federal political committee.	C	61821-2731	Amount of Each Receipt this Period 300.00
	Name of Employer Carle Clinic Assn Receipt For: Primary General Other (specify) ▼		n cy Physician e Year-to-Date ▼ 400.00	
3.	Full Name (Last, First, Middle Initial) Dr. Brett E Jarrell Mailing Address 4745 Lynn Oak Dr City Lavalette	State WV	Zip Code 25535-9708	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee.	C	2000 0700	200.00
	Name of Employer Brett E Jarrell , MD Receipt For: Primary General Other (specify) ▼		n cy Physician e Year-to-Date ▼	
ο.	Full Name (Last, First, Middle Initial) Dr. Charles E Fredericks Mailing Address 1111 Stonewall Dr City Nashville	State TN	Zip Code 37220-1024	Date of Receipt M M M
	FEC ID number of contributing federal political committee.	C	37220-1024	300.00
	Name of Employer Baptist Hosp ED		cy Physician	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 300.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
т	OTAL This Period (last page this line number on	lv)		

<u> </u>	COLLEDIN E A (EEO E OV)			FOR LINE NUMBER: PAGE 45 / 59
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	
••			Detailed Summary Page	
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
$ \rangle$	National Emergency Medicine Political	Action Com	umittee	
	Mational Emergency Medicine Folitical	ACTION CON	iiiiittee	
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. Marian Bednar			Date of Receipt
	Mailing Address			11 06 2006
	737 E Bethel School Rd	State	Zip Code	Transaction ID: 17881555
	Coppell	TX	75019-4188	Amount of Each Receipt this Period
		1/	73019-4100	Afflount of Each Necept this Period
	FEC ID number of contributing federal political committee.	C		365.00
	reacrai political committee.			
	Name of Employer Marian Bednar, MD, FACEP	Occupation		
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		465.00	1
	Other (specify)		100.00	J
_	Full Name /Lost First Middle Initial			
В.	Full Name (Last, First, Middle Initial) Dr. Eric Wayne Jordan			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	6 Tuckahoe			11 06 2006
	City	State	Zip Code	Transaction ID: 17881559
	Hattiesburg	MS	39402-7789	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	С		303.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Eric Wayne Jordan, MD, FA-		cy Physician	
	CEP Receipt For:	+	Year-to-Date V	_
	Primary General	7 199. 094.10		1
	Other (specify) ▼		365.00	
				*
_	Full Name (Last, First, Middle Initial)			Patrick Provide
U.	Dr. Sarah Jane Ramsay			Date of Receipt
	Mailing Address 1403 Beech Ln			11 06 2006
	City	State	Zip Code	Transaction ID: 17881561
	Fairmont	WV	26554-9211	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		363.00
	Name of Employer	Occupation	<u> </u>	\dashv
	Name of Employer West VA Univ		cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	11 0		1
	Other (specify) ▼		465.00	
s	UBTOTAL of Receipts This Page (optional)			1095.00
\vdash	,			-

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46/59				
TEMIZED RECEIPTS		or each category of the	(check only one)				
TI EMIZED RECEIL 13		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and Stat	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions				
or for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
National Emergency Medicine Political A	Action Com	nmittee					
Full Name (Last, First, Middle Initial) A. Dr. Ryan J Hines			Data of Receipt				
A. Dr. Ryan J Hines Mailing Address			Date of Receipt				
11925 Cupworth Ct			11 06 2006				
City	State	Zip Code	Transaction ID: 17881567				
<u>Huntersville</u>	NC	28078-3738	Amount of Each Receipt this Period				
FEC ID number of contributing	С		200.00				
federal political committee.			200.00				
Name of Employer Ryan J Hines , MD	Occupation		7				
		cy Physician	_				
Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
Other (specify) ▼	' '	350.00					
	0 0	0 0 0 0 0 0 0					
Full Name (Last, First, Middle Initial) 3. Dr. Thomas J Lydon			Date of Receipt				
Mailing Address			M M / D D / Y Y Y Y				
315 Brook Holw			11 06 2006				
City	State	Zip Code	Transaction ID: 17881570				
Hanover	NH	03755-2808	Amount of Each Receipt this Period				
FEC ID number of contributing	С		100.00				
federal political committee.	<u> </u>						
Name of Employer Dartmouth Hitchcock Med	Occupation	n	7				
Ctr ED		cy Physician					
Receipt For: Primary General	Aggregate	e Year-to-Date ▼					
Other (specify)		350.00					
Care (cpss.ij) V			1				
Full Name (Last, First, Middle Initial) Dr. Lawrence R Schwartz			Date of Receipt				
Mailing Address			M M / D D / Y Y Y Y				
5166 Provincial Dr			11 06 2006				
City	State	Zip Code	Transaction ID: 17881573				
Bloomfld HIs	MI	48302-2530	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		200.00				
Name of Employer Wayne St Univ Sch of Med	Occupation						
ED' Emerge		cy Physician e Year-to-Date ▼	_				
Receipt For: Primary General	Aggregate	r rear-to-date V	1				
Other (specify)		350.00					
CLIPTOTAL of December This December (antique)	SUBTOTAL of Descints This Desc (actions)						
SUBTOTAL of Receipts This Page (optional)		······································					
TOTAL This Period (last page this line number or	nly))					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 59 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
	y information copied from such Reports and Sta for commercial purposes, other than using the r			
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Gary Bonfante			Date of Receipt
	Mailing Address 4543 Laurel Dr	01-1-	7'- O-d-	111 06 2006
	City Walnutport	State PA	Zip Code 18088-9628	Transaction ID: 17881575 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Lehigh Valley Hosp ED		cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
В.	Full Name (Last, First, Middle Initial) Dr. Max H Rudicel			Date of Receipt
	Mailing Address 6839 W Isanogel Rd			11 06 4 2006
	City	State	Zip Code	Transaction ID: 17881576
	Muncie	IN	47304-9312	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Emerg Phys of Delaware Co	Occupation Emergen	n cy Physician	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 565.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Craig Lloyd Shane			Date of Receipt
	Mailing Address 1529 Chandler Dr			11 06 7 906
	City	State	Zip Code	Transaction ID: 17881580
	Salt Lake City	UT	84103-4220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer LDS Hosp ED	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional))	1095.00

C				FOR LINE NUMBER: PAGE 48 / 59
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS			or each category of the	X 11a 11b 11c 12
		Detailed Summary Page		
				13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	on for the purpose of soliciting contributions solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)			
\rangle	National Emergency Medicine Political	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Moore			Date of Receipt
	Mailing Address 1200 Founders Lake Dr			1 1 0 6 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17881582
	Athens	GA	30606-7640	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Name of Employer Jeffrey Alan Moore, MD	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
В.	Full Name (Last, First, Middle Initial) Dr. David A Pitrolo			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	1201 Kamichi Court			11 06 2006
	City	State	Zip Code	Transaction ID: 17881584
	Virginia Beach	VA	23451-4917	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		300.00
	Name of Employer Tidewater Emerg Med Care	Occupation	1	
	Ltd	Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1 1	200.00	1
	Other (specify)		300.00	
_	Full Name (Leat First Middle Initial)			-
C.	Full Name (Last, First, Middle Initial) Dr. Kurt J Wagner			Date of Receipt
-	Mailing Address			M M / D D / Y Y Y Y
	605 Jefferson St			11 08 2006
	City	State	Zip Code	Transaction ID: 17881674
	Hinsdale	IL	60521-3844	Amount of Each Receipt this Period
	FEC ID number of contributing	-	· · · · · · ·	
	federal political committee.	C		250.00
	Name of Employer Palos Emergency Med Serv	Occupation		
	Inc	+	cy Physician	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify)		500.00	
	<u>-</u>			
s	UBTOTAL of Receipts This Page (optional)		_	1050.00
\vdash	== 1 1.712 o. 1.000.ptc 11110 i ago (optional)			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

NAME OF COMMITTEE (In Full)

Full Name (Last, First, Middle Initial)

FEC ID number of contributing

federal political committee.

Other (specify)

Name of Employer Innovative Med Svcs

Primary

152 NW Otter Ct

General

State

FI

C

Aggregate Year-to-Date ▼

500.00

A. Dr. Carlos H Castellon

Mailing Address

City

Lake City

Receipt For:

FOR LINE NUMBER: PAGE 49/59 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. National Emergency Medicine Political Action Committee Date of Receipt 1.1 09 2006 Zip Code Transaction ID: 17881675 32055-7252 Amount of Each Receipt this Period 250.00 Occupation Emergency Physician

SUBTOTAL of Receipts This Page (optional)	•	250.00
TOTAL This Period (last page this line number only)	•	41570.99

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 59 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	nents may not be sold or used by any perso e and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) National Emergency Medicine Political Acti	ion Committee	
Full Name (Last, First, Middle Initial) SMITH BARNEY Mailing Address 1050 CONNECTICUT AVE City	NW State Zip Code	Date of Receipt M
FFC ID number of contribution	DC 20036 C	Amount of Each Receipt this Period 778.24
	Aggregate Year-to-Date ▼ 11595.83	

SUBTOTAL of Receipts This Page (optional)	•	778.24
TOTAL This Period (last page this line number only)	•	778.24

	Use seperate scriedule(s)) FOR LINE (check onl	NUMBER: PAGE 51/59	
ITEMIZED DISBURSEMENT	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 28 28a 28b 28c 29	26 30b
Any Information copied from such Reports ar or for commercial purposes, other than using				
NAME OF COMMITTEE (In Full)	the name and address of any politica	li committee to sc	micit contributions from such committee	
National Emergency Medicine Polit	ical Action Committee			
Full Name (Last, First, Middle Initial)			Transaction ID: 17417683	
Perlmutter For Congress			Date of Disbursement	
Mailing Address 3440 Youngfield	St #264		$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 0 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix} $	
City Wheat Ridge	State Zip Code CO 80033		Amount of Each Disbursement this Peri	od
Purpose of Disbursement			2000.00	\Box
·		011		
Candidate Name Perlmutter		Category/ Type		
Office Sought: X House Senate	Disbursement For: 2006 Primary General			
President	X Other (specify) ▼			
	2006 General			
Full Name (Last, First, Middle Initial) Pallone For Congress			Transaction ID: 17479554 Date of Disbursement	
Mailing Address PO Box 3176			10 M / D 25 / Y Y Y O O 6 Y	ı
City Long Branch	State Zip Code NJ 07740		Amount of Each Disbursement this Peri	od
Purpose of Disbursement	710 07710		3000.00	
		011		
Candidate Name Rep. Frank Pallone, Jr.		Category/ Type		
J 7	Disbursement For: 2006	!		
Senate President	Primary General X Other (specify) ▼			
	2006 General			
Full Name (Last, First, Middle Initial)			Transaction ID: 17481372	
Upton For All Of Us			Date of Disbursement	
Mailing Address P.O. Box 490			10 M / D 25 / Y Y Y O O 6 Y	
City St. Joseph	State Zip Code MI 49085		Amount of Each Disbursement this Peri	od
Purpose of Disbursement	10000		2500.00	
		011		
Candidate Name Rep. Fred Upton		Category/ Type		
Office Sought: X House	Disbursement For: 2006			
Senate	Primary General			
State: MI District: 6	X Other (specify) ▼ 2006 General			
			7500.00	一
SUBTOTAL of Disbursements This Page (optional)	<u></u>	7 300.00	4
TOTAL This Period (last page this line num	ber only)			

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	y Information copied from such Reports and Statem for commercial purposes, other than using the name										<u> </u>	
\	NAME OF COMMITTEE (In Full)	e and address of any political	COITII	ilitiee to	SUIICI	CONTINUE	utions in	om Sucm	COIIII	muee		_
\rangle	National Emergency Medicine Political Act	ion Committee										
`	Full Name (Last, First, Middle Initial)							: 174816	391			
٦.	Rangel For Congress					Date of			Y Y	Y	Υ	
	Mailing Address PO Box 5577 Manhattanville Sta					1 0	2	25 /	2	0 Ó 6		
	City New York	State Zip Code NY 10027				Amount	of Each	Disburse	emen	t this P	eriod	
	Purpose of Disbursement					L.			5	5000.0	0	
	Candidate Name)11								
	Rep. Charles B. Rangel			egory/ ype								
		ement For: 2006										
	Senate President X	Primary General Other (specify) ▼										
	State: NY District: 15 2006 G											
2	Full Name (Last, First, Middle Initial)							174804	419			
٠.	Heather Wilson For Congress					Date of			Y Y	Y	Υ	
	Mailing Address P.O. Box 14070					1 0	2	25 /	2	0 Ó 6		
	City Albuquerque	State Zip Code NM 87191				Amount	of Each	Disburse	emen	t this P	eriod	
	Purpose of Disbursement	7.101							2	2000.0	0	
)11								
	Candidate Name Rep. Heather A. Wilson			egory/ ype								
		ment For: 2006										
	Senate President X	Primary General Other (specify) ▼										
	State: NM District: 1 2006 G											
].	Full Name (Last, First, Middle Initial)							: 174810	007			
	Simmons For Congress					Date of			Y <u>Y</u>	Y	Υ	
	Mailing Address P.O. Box 268 Drawer 27					1 0	2	25 /	. 2	0 Ó 6		
	City Stonington	State Zip Code CT 06378				Amount	of Each	Disburse	emen	t this P	eriod	
	Purpose of Disbursement								. 1	000.0	0	
	Candidate Name)11								
	Rep. Robert R. Simmons			egory/ ype								
		ment For: 2006										
	Senate President X	Primary General Other (specify) ▼										
	State: CT District: 2 2006 G											
s	UBTOTAL of Disbursements This Page (optional)			•	•				8	0.00	0	Ī
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or 1	for commercial purposes, other than using the name	ne and address of	f any political c	comn	nittee to s	solici	t contrib	oution	ns fro	m such (comr	nittee		
\	NAME OF COMMITTEE (In Full)													
/	National Emergency Medicine Political Ac	tion Committe	е											
	Full Name (Last, First, Middle Initial)						Transa	ction	ı ID:	174813	808			
۱.	Hoyer For Congress						Date of	_			v • v	V .	V	
	Mailing Address 7905 Malcolm Road Sui	te 102					1"0 "		^D 2	5	2	0 Ó 6		
	City		p Code				Amour	nt of E	Each I	Disburse	emen	t this P	erio	b
	Clinton	MD 20	0735 			4					5	5000.0	00	
	Purpose of Disbursement			C)11		-	1						
	Candidate Name				egory/									
	Rep. Steny H. Hoyer		2000	Т	уре	_								
	Office Sought: X House Disburs Senate	ement For: Primary	2006 General											
		Other (specify)												
	State: MD District: 5 2006 C	General												
,	Full Name (Last, First, Middle Initial)						Transa	ction	ı ID:	174812	234			
٥.	Rick Renzi For Congress						Date of							
	Mailing Address P.O. Box 2383						10	<u>'</u>	^D 2	5 /	ž	0 ŏ 6	Y	
	City Prescott		p Code 6302				Amour	nt of E	Each I	Disburse	emen	t this P	erio	d
	Purpose of Disbursement	ΛΔ 00	5502			-					2	2000.0	00	
	Tarpose of Bisbarsonicit			Q	11							-	-	
	Candidate Name Rep. Rick Renzi				egory/ ype									
		ement For:	2006											
	Senate	Primary	General											
	State: AZ District: 1 2006 C	Other (specify) General	●											
	Full Name (Last, First, Middle Initial)						Tranca	ection	י ווי	174798	142			
) .	Feinstein For Senate					- 1	Date of				, 10			
	Mailing Address 1212 S Victory Blvd					-	1 ^M 0 ^M	1 /	^D 2	5 /	Ž	0 ŏ 6	Υ	
	City	State Zip	p Code				Amour	nt of E	ach l	Disburse	mon	t thic P	orio	4
	Burbank		1502				, anoul	., OI E	_aon	-isoul St	-		-	_
	Purpose of Disbursement							0			3	3000.0	00	
	Candidate Name			-	011 egory/									
	Sen. Dianne Feinstein				egory/ ype									
	Office Sought: House Disburs	ement For:	2006											
	χ Senate	Primary	General											
	State: CA District: 1 2006 C	☑ Other (specify) Seneral	▼											
	District. 1 2000 C	aoriorai											_	_
s	UBTOTAL of Disbursements This Page (optional)				▶		L.				10	0.000	0	
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22 28a	X 23 28b	24 280	, —	25 29	26 30b
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									3
\rangle	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Act	· · · · · · · · · · · · · · · · · · ·								
۸.	Full Name (Last, First, Middle Initial) Texas Freedom Fund Mailing Address 104 East Hume Avenue					of Disbur			0 ŏ 6	Y
	•	State Zip Code VA 22301			Amou	unt of Eac	h Disburs	ement	this P	'eriod
	Purpose of Disbursement Candidate Name)11 tegory/	L.			2	500.0	00
		ment For: Primary General Other (specify)		ype						
3.	Full Name (Last, First, Middle Initial) Delahunt For Congress Committee					of Disbur			* V *	V
	Mailing Address 332 Victory Road				1 0		25		0 Ď 6	
	Quincy	State Zip Code MA 02171			Amou	unt of Eac	h Disburs		this P	-
	Purpose of Disbursement Candidate Name Rep. William D. Delahunt		Ca	011 tegory/ ype		•				
	Senate	ment For: 2006 Primary General Other (specify) eneral								
Э.	Full Name (Last, First, Middle Initial) Ben Cardin For Senate				Date	of Disbur				
	Mailing Address 38 Ivy Street, SE				1 0	M / D	25	ž	0 Ď 6	Y
	Washington	State Zip Code DC 20003			Amou	unt of Eac	h Disburs			
	Purpose of Disbursement Candidate Name			011 tegory/	L.			31	0.00.0	10
	X Senate	ment For: 2006 Primary General Other (specify) eneral	Т	уре						
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ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 28a	X 23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							ns
NAME OF COMMITTEE (In Full)	and address of any political co	minilitiee to s	SOIICIL COITLIT	outions in	JIII SUCII C	Johnnillee	
National Emergency Medicine Political Acti	on Committee						
Full Name (Last, First, Middle Initial)				action ID:	_	66	
Friends Of Dave Reichert			Date o	f Disburse		, , , , , , ,	Υ
Mailing Address P. O. Box 53322			1 0	2	5 / Y	ŽOŎ	6
	State Zip Code WA 98015		Amour	nt of Each	Disburse	ment this	Period
Purpose of Disbursement	30010		- `			1500.	00
		011					
Candidate Name Rep. David George Reichert		Category/ Type					
Office Sought: X House Disburse	ment For: 2006 Primary General						
	Other (specify)						
State: WA District: 8 2006 G	eneral						
Full Name (Last, First, Middle Initial) 3. Joy Padgett For Congress				action ID:		85	
Joy Fadgett For Congress			Date o	f Disburse		, , , , , , , , ,	Υ
Mailing Address 871 Walnut Street			1 0	2	5 / Y	ŽOŎ	6
,	State Zip Code OH 43812		Amour	nt of Each	Disburse	ment this	Period
Purpose of Disbursement	10012		- L .			2000.	00
-		011					
Candidate Name Joy Padgett		Category/ Type					
9 1	ment For: 2006						
Senate President X	Primary General Other (specify) ▼						
State: OH District: 18 2006 G							
Full Name (Last, First, Middle Initial)				action ID:		93	
Van Hollen For Congress				f Disburse		, , , , , , , ,	Υ
Mailing Address 10537 St. Paul Street			10	2	5 / Y	ŽOŎ	5
,	State Zip Code MD 20895		Amour	nt of Each	Disburse	ment this	Period
Purpose of Disbursement	20093					1000.	00
·		011					
Candidate Name Rep. Chris Van Hollen		Category/ Type					
	ment For: 2006	71					
Senate	Primary General						
State: MD District: 8 2006 G	Other (specify) eneral						
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SUBTOTAL of Disbursements This Page (optional) .		>				4500.	VU
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Any Information copied from such Reports and Statem or for commercial purposes, other than using the name										
NAME OF COMMITTEE (In Full)	and address of any political Co	ZITITITI LEE	10 3UI	on corn	.DU(10115	o.iii auci	OUIII	intice		
National Emergency Medicine Political Acti	on Committee									
Full Name (Last, First, Middle Initial)						D : 17480	818			
Wetterling '06					of Disbur		Y Y	Y	Y	
Mailing Address P.O. Box 2295				1 0	J L	25	2	0 0 6		
•	State Zip Code MN 56302			Amou	nt of Eac	h Disbur	semen	t this P	eriod	_
Purpose of Disbursement	Г		\neg				1	1000.0	0	╛
Candidate Name		011 Categor	y/							
Patty Wetterling Office Sought: X House Disburse	ment For: 2006	Туре								
Senate Sought.	Primary General									
President X State: MN District: 6 2006 Ge	Other (specify)									
Full Name (Last, First, Middle Initial)	rieiai			Trana	ootion II	D: 17481	001			—
3. Christine Jennings For Congress					of Disbur	sement	091			
Mailing Address 8211 241st Street East				1 ^M 0	M / D	25	Ý Ž	0 ŏ 6	Y	
•	State Zip Code FL 34251			Amou	nt of Eac	h Disbur	semen	t this P	eriod	
Purpose of Disbursement	01201		\neg				2	2000.0	0	
Candidate Name		011								
Christine Jennings	'	Categor Type	y/							
Office Sought: X House Disburse Senate	nent For: 2006 Primary General									
President X	Other (specify)									
State: FL District: 13 2006 Ge	eneral									
Full Name (Last, First, Middle Initial) Pete King For Congress Committee					action II of Disbur	D: 17481 sement	508			
Mailing Address Post Office Box 1428				1 ^M 0	M / D	25	Y Ž	0 0 6	Y	
	State Zip Code NY 11783			Amou	nt of Eac	h Disbur	semen	t this P	eriod	
Purpose of Disbursement	11765		_				2	2500.0	0	
On alidata Nama		011	<u> </u>							
Candidate Name Rep. Peter T. King	'	Categor Type	y /							
Office Sought: X House Disburse										
Senate President X	Primary General Other (specify) ▼									
State: NY District: 3 2006 Ge										
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>				5	500.0	0	
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Any Information copied from such Reports and Stater or for commercial purposes, other than using the name.							<u> </u>
 NAME OF COMMITTEE (In Full) 	e and address of any political d	committee to so	DIICIL COMENDUL	ions from su	CH COITH	muee	
National Emergency Medicine Political Ac	ion Committee						
Full Name (Last, First, Middle Initial)			Transacti	ion ID: 1754	17141		
Nancy Pelosi For Congress			Date of D	isbursement		V .	v
Mailing Address 235 Montgomery Street Suite 610			1 0	26	2	0 0 6	
City San Francisco	State Zip Code CA 94104		Amount o	f Each Disbu	ırsemen	t this Pe	eriod
Purpose of Disbursement					5	0.000	0
Condidate Name		011					
Candidate Name Rep. Nancy Pelosi		Category/ Type					
	ement For: 2006						
Senate President	Primary General Other (specify) ▼						
State: CA District: 8 2006 C	eneral						
Full Name (Last, First, Middle Initial) Friends Of Mark Foley				ion ID: 1757			
- Therius Of Mark Foley			M M	isbursement		Y .	Υ
Mailing Address 1316 Lake Victoria Dr			1 0	3 0	2	0 0 6	
City Lake Worth	State Zip Code FL 33461		Amount o	f Each Disbu	ırsemen	t this Pe	eriod
Purpose of Disbursement		• •			-2	2000.0	0
Void - Friends Of Mark Foley Candidate Name		011 Category/					
Rep. Mark A. Foley		Type					
Office Sought: X House Disburs	ement For: 2006 Primary General			iends Of M	lark Fo	-	
	Other (specify)		ley				
State: FL District: 16 2006 C	eneral						
Full Name (Last, First, Middle Initial) Friends Of George Allen				ion ID: 1758 isbursement			
Mailing Address PO Box 6859			1 1 M	01	Y Ž	0 Ď 6	Y
City	State Zip Code		Amount o	f Each Disbu	ursemen	t this Pe	eriod
Arlington Purpose of Disbursement	VA 22206				3	3000.0	0
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Candidate Name Mr. George Allen		Category/ Type					
Office Sought: House Disburs	ement For: 2006						
X Senate President	Primary General Other (specify) ▼						
State: VA District: 2 2006 C	- · · · · · · · · · · · · · · · · · · ·						
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	y Information copied from such Reports an for commercial purposes, other than using	•		, ,
\	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Polit	ical Action Committee		
	Full Name (Last, First, Middle Initial)			Transaction ID: 17722389
۹.	Heather Wilson For Congress			Date of Disbursement
	Mailing Address P.O. Box 14070			111 1 16 7 2006
	City	State Zip Code		Amount of Each Disbursement this Period
	Albuquerque	NM 87191		5000.00
	Purpose of Disbursement		011	3000.00
	Candidate Name		Category/	
	Rep. Heather A. Wilson		Туре	
	Senate	Disbursement For: 2006 Primary General		
	State: NM District: 1	X Other (specify) ▼ 2006 Recount Fund		
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	y Information copied from such Reports and for commercial purposes, other than using th					
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
/	National Emergency Medicine Political Action Committee					
	Full Name (Last, First, Middle Initial)			Transaction ID: 17887198		
۹.	CHASE BANK			Date of Disbursement		
	Mailing Address 545 EAST JOHN CARPENTER FRWY			10 M / D D / Y Y Y O O 6 Y		
	City	State Zip Code		Amount of Each Disbursement this Period		
	IRVING	TX 75062		100.10		
	Purpose of Disbursement 001			106.40		
	Candidate Name		Category/ Type			
	Office Sought: House Di	sbursement For:				
	Senate	Primary General				
	President	Other (specify)				
	State: District:					

SUBTOTAL of Disbursements This Page (optional)	•	106.40
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