

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

Office Use Only

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

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐Check if different  
than previously  
reported. (ACC)

Irving

TX

75038

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00140061

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2010

through

03

31

2010

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

Type or Print Name of Treasurer

Phyllis Edans, CPA, CAE

Signature of Treasurer Electronically Filed by Phyllis Edans, CPA, CAE

Date

07

16

2010

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

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 96

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M M  
0 1D D  
0 1Y Y Y Y  
2 0 1 0

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>Y Y Y Y 2010</span>		815920.52
(b) Cash on Hand at Beginning of Reporting Period .....	815920.52	
(c) Total Receipts (from Line 19) .....	107006.79	107006.79
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	922927.31	922927.31
7. Total Disbursements (from Line 31) .....	213972.74	213972.74
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	708954.57	708954.57
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	0

To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	49646.54	642511.03
(ii) Unitemized .....	57278.29	489104.30
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	106924.83	106924.83
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	106924.83	106924.83
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	81.96	81.96
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	107006.79	107006.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	107006.79	107006.79

## DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	212500.00	212500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs) .....	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00	
29. Other Disbursements.....	1472.74	1472.74	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	213972.74	213972.74	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	213972.74	213972.74	

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	106924.83	106924.83
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	106924.83	106924.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

FOR LINE NUMBER: PAGE 6 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Victor R R Abuel

Mailing Address 909 Ballantyne Rd

City

Gross Pointe Shore

State

MI

Zip Code

48236-1217

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Spec PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C869064

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Crystal Arthur

Mailing Address 906 Rowland

City

Leonard

State

MI

Zip Code

48367-2212

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869068

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sturdy Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C849825

Amount of Each Receipt this Period

100.00

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

850.00

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

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

FOR LINE NUMBER: PAGE 7 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sturdy Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C877300

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce S S Auerbach

Mailing Address 8 Saddle Club Rd

City

Lexington

State

MA

Zip Code

02420-2115

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sturdy Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C892773

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ty Babcock

Mailing Address 4608 Indiana Ave

City

Nashville

State

TN

Zip Code

37209-2328

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Vanderbilt University

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C901278

Amount of Each Receipt this Period

250.00

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

450.00

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

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

FOR LINE NUMBER: PAGE 8 / 96

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C869069

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879553

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Tamera Counts Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903377

Amount of Each Receipt this Period

100.00

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

300.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brien Alfred Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton

State

MA

Zip Code

02459-1714

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tufts Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C889501

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Bergen

Mailing Address Emerson Hosp  
133 Old Rd to 9 Acre Cor

City

Concord

State

MA

Zip Code

01742-4159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869071

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Spgs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C869072

Amount of Each Receipt this Period

83.33

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

583.33

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

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

FOR LINE NUMBER: PAGE 10 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Spgs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879552

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Andrew I I Bern

Mailing Address 9846 NW 18th St

City

Coral Spgs

State

FL

Zip Code

33071-5826

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903376

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

John D D Bibb

Mailing Address 16449 Akron St

City

Pacific Plsds

State

CA

Zip Code

90272-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars Sinai Medical Cent-  
er

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Transaction ID: C895173

Amount of Each Receipt this Period

1000.00

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

1166.66

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

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

FOR LINE NUMBER: PAGE 11 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory J J Bjerke

Mailing Address 2973 Peterson Pkwy

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sanford-Meritcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C891623

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C869073

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879550

Amount of Each Receipt this Period

83.33

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

666.66

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

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

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

FOR LINE NUMBER: PAGE 12 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederick C C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
RCB-HSC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903348

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Brooks F F Bock

Mailing Address 1700 Lions Ridge Loop

City

Vail

State

CO

Zip Code

81657-5757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Brooks F Bock

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: C895114

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Brian M Boesiger

Mailing Address 419 E Cave Ct

City

Boise

State

ID

Zip Code

83702-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ID Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869176

Amount of Each Receipt this Period

250.00

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

1333.33

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

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

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

FOR LINE NUMBER: PAGE 13 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ashley E E Booth

Mailing Address Shands Jacksonville Educ  
655 W 8th St

City State Zip Code  
Jacksonville FL 32209-6511

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Shands Jacksonville Educ

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869074

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med Univ of SC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C869075

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med Univ of SC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879579

Amount of Each Receipt this Period

83.33

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 14 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith Thomas Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903375

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Michael J J Bresler

Mailing Address 1025 Wilmington Way

City

Emerald Hills

State

CA

Zip Code

94062-4069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mills Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C901302

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Yvonne Marie Marie Brutger

Mailing Address 9615 Wyoming Cir

City

Bloomington

State

MN

Zip Code

55438-1628

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Memorial Medical Ce-  
nter

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C901836

Amount of Each Receipt this Period

250.00

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

583.33

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

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

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

FOR LINE NUMBER: PAGE 15 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph J Calabro

Mailing Address 15 Hance Rd

City

Fair Haven

State

NJ

Zip Code

07704-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phys Pract Enhancement

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C901298

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jason E E Cheatham

Mailing Address 3351 Indian Dr

City

Portsmouth

State

OH

Zip Code

45662-2408

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southern Ohio Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869076

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Adam R Corley

Mailing Address 2619 Summer Rain Dr

City

Manvel

State

TX

Zip Code

77578-3117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brazosport Reg Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868960

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David S S Davis

Mailing Address 164 n brentwood

City

clayton

State

MO

Zip Code

63105-3741

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ECI

Occupation  
EP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C866279

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen J J DeHorn

Mailing Address 750 Laprairie

City

Ferndale

State

MI

Zip Code

48220-3215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C869182

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Mounang P P Desai

Mailing Address 6003 Isla Vista

City

Houston

State

TX

Zip Code

77041

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Mounang P Desai

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C903141

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

FOR LINE NUMBER: PAGE 17 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Irv E E Edwards

Mailing Address 111 N Sepulveda Ste 210  
Ste 210City State Zip Code  
Manhattan Bch CA 90266-6849FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Chino Valley Med CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C869079

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code  
Voorheesville NY 12186-9530FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Clifford EricksonOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C869080

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City State Zip Code  
Voorheesville NY 12186-9530FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Clifford EricksonOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879580

Amount of Each Receipt this Period

83.33

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

2666.66

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

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

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

FOR LINE NUMBER: PAGE 18 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903374

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

William Basil Felegi

Mailing Address 731 Red Lion Way

City

Bridgewater

State

NJ

Zip Code

08807-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morristown Mem Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C889509

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C869081

Amount of Each Receipt this Period

100.00

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

1183.33

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

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

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

FOR LINE NUMBER: PAGE 19 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879544

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Angela Siler Siler Fisher

Mailing Address 79 Lakeside Green

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903349

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.98

Date of Receipt

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

Transaction ID: C869082

Amount of Each Receipt this Period

91.66

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

291.66

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

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

FOR LINE NUMBER: PAGE 20 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.98

Date of Receipt

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

Transaction ID: C879546

Amount of Each Receipt this Period

91.66

**B.**

Full Name (Last, First, Middle Initial)

Juan Francisco Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.98

Date of Receipt

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

Transaction ID: C903351

Amount of Each Receipt this Period

91.66

**C.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C869084

Amount of Each Receipt this Period

125.00

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

308.32

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

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

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

FOR LINE NUMBER: PAGE 21 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C879554

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C903345

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Brad W Frazee

Mailing Address 71 Sunnyside Ave

City

Mill Valley

State

CA

Zip Code

94941-1924

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alameda Co Med Ctr Highla-  
nd

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868969

Amount of Each Receipt this Period

250.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C869086

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C879584

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Angela F F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

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

Transaction ID: C902989

Amount of Each Receipt this Period

125.00

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

375.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brent F F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C902270

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jason Timothy Garrison

Mailing Address 7 Callis Ln

City

Poquoson

State

VA

Zip Code

23662-1406

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sentara Hampton Careplex

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869208

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Marie Marie Garritano

Mailing Address 19001 Audette St.

City

Dearborn

State

MI

Zip Code

48124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MCES

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C881292

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 24 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Bch

State

CA

Zip Code

90254-2915

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbor UCLA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868908

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly Jester Jester Geldmacher

Mailing Address 127 Savannah Ct

City

Glen Carbon

State

IL

Zip Code

62034-4068

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anderson Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C901249

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C868913

Amount of Each Receipt this Period

250.00

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 25 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Joseph Joseph Gerardi

Mailing Address 29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C903380

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Benjamin T German

Mailing Address 9814 Macon Rd

City

Raleigh

State

NC

Zip Code

27613-6132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Emerg Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868973

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Casey M Glass

Mailing Address 822 Hartford Ave

City

Charlotte

State

NC

Zip Code

28209-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CMC Emer Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868978

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

State

Zip Code

Delray Bch

FL

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C869087

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

State

Zip Code

Delray Bch

FL

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879556

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Myliisa Amy Amy Graber

Mailing Address 7809 Trieste PI

City

State

Zip Code

Delray Bch

FL

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903162

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868916

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879555

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Stephen A D A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903161

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 28 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynda Gail Gail Gray

Mailing Address 2896 W Kensington Ln

City

Fresno

State

CA

Zip Code

93711-1159

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kaiser Permanente Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C902975

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Andrea L L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C889503

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Andrea L L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C888293

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 29 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrea L L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C903379

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert D D Greenberg

Mailing Address Scott & White  
2401 S 31st St

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept of Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868919

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

J Brian Hancock

Mailing Address 4827 Pebworth Pl

City

Saginaw

State

MI

Zip Code

48603-9306

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MI State Univ Colg of Hmn  
Medn

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C903381

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel A Aaron Handel

Mailing Address 12716 NW 26th Ave

City

Vancouver

State

WA

Zip Code

98685-2005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OR Hlth & Science Univ CD-  
W-EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868921

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City

Scotts

State

MI

Zip Code

49088-8340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SW Michigan Emerg Svcs PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C868924

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City

Scotts

State

MI

Zip Code

49088-8340

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SW Michigan Emerg Svcs PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879562

Amount of Each Receipt this Period

100.00

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

450.00

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

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

FOR LINE NUMBER: PAGE 31 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary Paul Paul Hartman-Hurt

Mailing Address 11355 T Ave E

City

Scotts

State

MI

Zip Code

49088-8340

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
SW Michigan Emerg Svcs PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903382

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Josh Heller

Mailing Address 26 Cherry Lane Dr

City

Englewood

State

CO

Zip Code

80113-4231

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

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C893592

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Charles W W Henrichs, III

Mailing Address Margaret R Pardee Meml Hosp  
800 N Justice St

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Hendersonville Emer Consu-  
ltant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868922

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 32 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Theodore W Heyming

Mailing Address 1626 Malcolm Ave  
Apt 203

City State Zip Code  
Los Angeles CA 90024-7831

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
LAC Harbor/UCLA Med Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jon Mark Mark Hirshon

Mailing Address 1062 River Bay Rd

City State Zip Code  
Annapolis MD 21409-4830

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Univ of MD ED

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C903160

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City State Zip Code  
Ft Myers FL 33908-1809

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
SW Florida Reg Med Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868923

Amount of Each Receipt this Period

83.33

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

583.33

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



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

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

FOR LINE NUMBER: PAGE 33 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879561

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Larry Hobbs

Mailing Address 12717 Brewster Dr

City

Ft Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SW Florida Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903159

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

David Peter Peter John

Mailing Address Caritas Carney Hosp Dept of EM  
2100 Dorchester Ave

City

Dorchester

State

MA

Zip Code

02124-5615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caritas Carney Hosp Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C868930

Amount of Each Receipt this Period

250.00

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 34 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Peter Peter John

Mailing Address Caritas Carney Hosp Dept of EM  
2100 Dorchester Ave

City State Zip Code  
Dorchester MA 02124-5615

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Caritas Carney Hosp Dept  
of EM

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C868998

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southeast Emer Consultant

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

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

Transaction ID: C868925

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City State Zip Code  
Orange Park FL 32003-8686

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Southeast Emer Consultant

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

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

Transaction ID: C879583

Amount of Each Receipt this Period

83.33

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 35 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven B B Kailes

Mailing Address 1998 Rivergate Dr

City

Orange Park

State

FL

Zip Code

32003-8686

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southeast Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

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

Transaction ID: C903369

Amount of Each Receipt this Period

83.37

**B.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C868931

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C879720

Amount of Each Receipt this Period

100.00

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

266.70

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

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

Use separate schedule(s)  
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C879563

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

349.99

Date of Receipt

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

Transaction ID: C903347

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

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

Transaction ID: C888354

Amount of Each Receipt this Period

54.17

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

220.83

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

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

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

FOR LINE NUMBER: PAGE 37 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

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

Transaction ID: C888374

Amount of Each Receipt this Period

54.17

**B.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

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

Transaction ID: C889498

Amount of Each Receipt this Period

54.17

**C.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

216.64

Date of Receipt

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

Transaction ID: C903370

Amount of Each Receipt this Period

54.13

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

162.47

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

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

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

FOR LINE NUMBER: PAGE 38 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Juliet La Mers

Mailing Address 2655 Mace Rd

City

Camino

State

CA

Zip Code

95709-9609

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marshall Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C879590

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert T T Malinowski

Mailing Address 660 Norborne Ave

City

Dearborn Hts

State

MI

Zip Code

48127-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C902982

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Angela F F Matke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE Tower Ste 2100

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C868932

Amount of Each Receipt this Period

100.00

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

1350.00

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

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

FOR LINE NUMBER: PAGE 39 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Angela F F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE Tower Ste 2100

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879564

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Angela F F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE Tower Ste 2100

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903158

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph T T McCaslin

Mailing Address 16402 Ridgmont St

City

Omaha

State

NE

Zip Code

68136-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meth Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C901602

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis Lucas Lucas McGill

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C868927

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Dennis Lucas Lucas McGill

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C903156

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: C868928

Amount of Each Receipt this Period

84.00

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

584.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: C879565

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

William Joel Joel Meggs

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med, PCMH, 3ED-311

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: C903383

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C868929

Amount of Each Receipt this Period

100.00

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

268.00

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

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

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

FOR LINE NUMBER: PAGE 42 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: C889535

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David L L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903391

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland  
Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868934

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John C C Moorhead

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Oregon Hlth Sci Univ CDW-  
EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868935

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address Unit A  
1408 Vermont St

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C868937

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address Unit A  
1408 Vermont St

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879566

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ira R R Nemeth

Mailing Address Unit A

1408 Vermont St

City

Houston

State

TX

Zip Code

77006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903346

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868938

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879567

Amount of Each Receipt this Period

83.33

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

266.66

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

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

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

FOR LINE NUMBER: PAGE 45 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey R R Nickel

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903384

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Amanda P Nylund

Mailing Address 4415 Tropper Ct

City

Spring

State

TX

Zip Code

77386-3414

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amanda P Nylund, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869028

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Robert E E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868939

Amount of Each Receipt this Period

250.00

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

583.33

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

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

FOR LINE NUMBER: PAGE 46 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Erik L Olsen

Mailing Address 323 Pearson St

City

Ferndale

State

MI

Zip Code

48220-1824

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne State Univ/Detroit  
Rec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C879597

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew Orr

Mailing Address 2179 Quinanetzin St

City

South Lake Tahoe

State

CA

Zip Code

96150-9353

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lance Matthew Orr, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869033

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jorge E Otero

Mailing Address NE Emer Med Spec  
245 E Rock Rd

City

New Haven

State

CT

Zip Code

06511-1230

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868936

Amount of Each Receipt this Period

83.33

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

1333.33

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

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

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

FOR LINE NUMBER: PAGE 47 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jorge E Otero

Mailing Address NE Emer Med Spec  
245 E Rock Rd

City State Zip Code  
New Haven CT 06511-1230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NE Emer Med Spec

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879577

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jorge E Otero

Mailing Address NE Emer Med Spec  
245 E Rock Rd

City State Zip Code  
New Haven CT 06511-1230

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
NE Emer Med Spec

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903134

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Charles F F Pattavina

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hosp

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868941

Amount of Each Receipt this Period

250.00

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

416.66

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

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

FOR LINE NUMBER: PAGE 48 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 4199 Douglass Way

City

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868942

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 4199 Douglass Way

City

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879568

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lee E E Payne

Mailing Address 4199 Douglass Way

City

USAF Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903155

Amount of Each Receipt this Period

83.33

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

249.99

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



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

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

FOR LINE NUMBER: PAGE 49 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

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

Transaction ID: C868943

Amount of Each Receipt this Period

167.00

**B.**

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

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

Transaction ID: C879593

Amount of Each Receipt this Period

167.00

**C.**

Full Name (Last, First, Middle Initial)

Pamela K K Peak

Mailing Address 3250 W 100 S

City

Franklin

State

IN

Zip Code

46131-8681

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Major Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

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

Transaction ID: C902985

Amount of Each Receipt this Period

167.00

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

501.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Cmnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868944

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Cmnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879570

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Alberto Perez

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Cmnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903154

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 51 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David J J Pillow, Jr

Mailing Address 5332 Wateka Dr

City

Dallas

State

TX

Zip Code

75209-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Paul Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C903143

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jason S Pope

Mailing Address 411 Tattnall St

City

Savannah

State

GA

Zip Code

31401-4865

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Jason S Pope, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C879531

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868945

Amount of Each Receipt this Period

83.33

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

833.33

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

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

FOR LINE NUMBER: PAGE 52 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879571

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903153

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Eva Prakash

Mailing Address 334 Gershwin Dr

City

Houston

State

TX

Zip Code

77079-7312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
GHEP

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868946

Amount of Each Receipt this Period

250.00

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 53 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John H Hannon Proctor

Mailing Address 320 Old Hickory Blvd  
#1200

City State Zip Code  
Nashville TN 37221-1310

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Team Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C892883

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher R R Pund

Mailing Address 872 Golden Bell Pl

City State Zip Code  
Lexington KY 40515-1198

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Marshall Emer Svc Assoc  
PSC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C903365

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Claudette Rodriguez

Mailing Address 519 W 6th St  
Apt 108D

City State Zip Code  
Tempe AZ 85281-2862

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Claudette Rodriguez

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C901250

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

FOR LINE NUMBER: PAGE 54 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alexander Max Max Rosenau

Mailing Address

Lehigh Valley Hosp  
PO Box 689 JDMCC Ste 214

City

Allentown

State

PA

Zip Code

18105-1556

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

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C903371

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David William William Ross

Mailing Address

15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868947

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Edward Edward Rudkin

Mailing Address

6731 E Boscana Ct

City

Orange

State

CA

Zip Code

92867-6406

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Univ CA Irvine

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C903152

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 55 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: C849876

Amount of Each Receipt this Period

84.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

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

Transaction ID: C877905

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: C894092

Amount of Each Receipt this Period

84.00

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

252.00

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

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

FOR LINE NUMBER: PAGE 56 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tracy G G Sanson

Mailing Address 812 Lorena Rd

City

Lutz

State

FL

Zip Code

33548-4589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
TEAMHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869740

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Luke Chris Chris Crai Saski

Mailing Address 27861 Hopkins Dr

City

Novi

State

MI

Zip Code

48377-2563

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C841819

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Nathaniel R R Schlicher

Mailing Address 1012 Sharewood Ct

City

Kettering

State

OH

Zip Code

45429-4409

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wright State Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C903362

Amount of Each Receipt this Period

250.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 57 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gillian Schmitz

Mailing Address 1102 La Canada

City

San Antonio

State

TX

Zip Code

78258-2955

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilford Hall Emer Dept 59-  
MDW

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: C895174

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David Charles Charles Seaberg

Mailing Address Univ TN Colg of Med-Deans Ofc  
960 E 3rd St Ste 100

City

Chattanooga

State

TN

Zip Code

37403-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ TN Colg of Med-Deans  
Ofc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868949

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868950

Amount of Each Receipt this Period

83.33

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

1333.33

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

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

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

FOR LINE NUMBER: PAGE 58 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879573

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Gregory L L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs

State

CT

Zip Code

06268-2756

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Windham Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903387

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

David P Sklar

Mailing Address 25 Cedar Hill PI NE

City

Albuquerque

State

NM

Zip Code

87122-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept Emerg Med MSC08 4770

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C889537

Amount of Each Receipt this Period

1000.00

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

1166.66

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

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

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

FOR LINE NUMBER: PAGE 59 / 96

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C868951

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879574

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C903389

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C868952

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879581

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Virgil W W Smaltz

Mailing Address 10 St Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C902988

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 61 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Daniel C C Smith

Mailing Address 7347 Maka'a St

City

Honolulu

State

HI

Zip Code

96825-3108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Emer Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C901246

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Peter Erik Erik Sokolove

Mailing Address 3889 Exmoor Cir

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868953

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Joseph Stack

Mailing Address 2083 Bridgeport Dr

City

Lexington

State

KY

Zip Code

40502-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph East Hosp ED Med  
Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C869128

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jillian J Stearman

Mailing Address 1002 Cobblestone Way

City

Shepherdsville

State

KY

Zip Code

40165-9275

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C889540

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 611 S Wells St  
#2403

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DES

Occupation

ED Attending

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C839142

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 611 S Wells St  
#2403

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
DES

Occupation

ED Attending

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C866658

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 611 S Wells St  
#2403

City State Zip Code  
Chicago IL 60607

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
DES

Occupation  
ED Attending

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C879870

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew A A Stupple

Mailing Address 18 Lasher Rd

City State Zip Code  
Woodstock NY 12498-1106

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
EMP

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 0

Transaction ID: C890075

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas A A Sweeney

Mailing Address 206 Fairhill Dr

City State Zip Code  
Wilmington DE 19808-4311

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Doctors for Emerg Svcs

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C904002

Amount of Each Receipt this Period

250.00

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ronald G G Thomas

Mailing Address 1310 Alexander Dr

City

Guilford

State

CT

Zip Code

06437-5031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hosp of Saint Raphael

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C879587

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Roger D Tillotson

Mailing Address 3311 Darrah Ave

City

Morgantown

State

WV

Zip Code

26508-9187

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
WV Univ Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C869053

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John A A Tyrrell

Mailing Address 3 Cedar Tree Ln

City

Chester

State

NJ

Zip Code

07930-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Overlook Emer Svcs Union  
Camp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C869434

Amount of Each Receipt this Period

500.00

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Jo Jo Wagner

Mailing Address 5425 Nottingham N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Synergy Med Educ Alliance

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C889500

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Jo Jo Wagner

Mailing Address 5425 Nottingham N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Synergy Med Educ Alliance

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C903386

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew J J Watson

Mailing Address 1280 Longpointe Pass

City

Alpharetta

State

GA

Zip Code

30005-2284

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Matthew J Watson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C868955

Amount of Each Receipt this Period

250.00

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

750.00

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

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

PAGE 66 / 96

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David E E Wilcox

Mailing Address 8 Aspen Dr

City

S Glastonbury

State

CT

Zip Code

06073-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. David E Wilcox

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C902983

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Dean Wilkerson

Mailing Address 538 Rolling Hills Rd

City

Coppell

State

TX

Zip Code

75019-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr. Dean Wilkerson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 5 / 2 0 1 0

Transaction ID: C889536

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Louise Wilkinson

Mailing Address 820 Laurel Dr

City

Rolla

State

MO

Zip Code

65401-3814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Texas Cnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C902243

Amount of Each Receipt this Period

250.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 67 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mildred J J Willy

Mailing Address 5576 Hickory Lane

City

Bay City

State

MI

Zip Code

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Timberline Emergency Phys-  
icians, P.C.

Occupation

Emergency physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C889504

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher D Yao

Mailing Address 544 Kumukahi PI

City

Honolulu

State

HI

Zip Code

96825-1106

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tripler Army Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 0

Transaction ID: C889534

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Shane Edward Zatkalik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

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

Transaction ID: C868956

Amount of Each Receipt this Period

83.33

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

1583.33

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

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

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

FOR LINE NUMBER: PAGE 68 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Shane Edward Zatkalik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

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

Transaction ID: C879585

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Shane Edward Edward Zatkalik

Mailing Address 737 E Bethel School Rd

City

Coppell

State

TX

Zip Code

75019-4188

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Shane Edward Zatkalik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.03

Date of Receipt

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

Transaction ID: C903366

Amount of Each Receipt this Period

83.37

**C.**

Full Name (Last, First, Middle Initial)

Andrew R R Zinkel

Mailing Address 5215 Beard Ave S  
Apt 2

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C868957

Amount of Each Receipt this Period

83.33

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

250.03

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

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

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

FOR LINE NUMBER: PAGE 69 / 96

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew R R Zinkel

Mailing Address 5215 Beard Ave S  
Apt 2

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Partners

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C879575

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Andrew R R Zinkel

Mailing Address 5215 Beard Ave S  
Apt 2

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Partners

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C903373

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Amanda J J Zopp

Mailing Address 2120 Hastings Dr

City State Zip Code  
Charlotte NC 28207-2426

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cabarrus Emerg Med Assoc

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 0

Transaction ID: C896184

Amount of Each Receipt this Period

1000.00

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

1166.66

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

49646.54

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 70 / 96

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address PO Box 1024

City  
Mount Laurel

State  
NJ

Zip Code  
08054

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Mr. John Adler

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 03

**Transaction ID:** D92863

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City  
Jenkintown

State  
PA

Zip Code  
19046

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Rep. Allyson Y. Schwartz

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

**Transaction ID:** D93046

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

AMERIPAC

Mailing Address 499 South Capitol, SW  
Suite 414

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contributions

**Transaction ID:** D92695

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

5000.00

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

9000.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andy Harris For Congress

Mailing Address PO Box 1527

City  
AnnapolisState  
MDZip Code  
21404Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Andrew Harris011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: D93383

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

4000.00

**B.**

Full Name (Last, First, Middle Initial)

Bera for Congress

Mailing Address PO Box 582496

City  
Elk GroveState  
CAZip Code  
95758Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 03

Transaction ID: D93458

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Blue Dog Coalition

Mailing Address 236 Massachusetts Ave., NE  
Suite 603City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D92701

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

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

11500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cecile Bledsoe for Congress

Mailing Address PO Box 624

City  
RogersState  
ARZip Code  
72757Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AR District: 03

Transaction ID: D93456

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

COMMITTEE FOR A DEMOCRATIC FUTURE

Mailing Address 25 ROYDON ROAD

City  
New HavenState  
CTZip Code  
06511-2806Purpose of Disbursement  
Contributions for Federal Pacs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D92871

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City  
WashingtonState  
DCZip Code  
20003-4024Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D91978

Date of Disbursement

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

Amount of Each Disbursement this Period

15000.00

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

22500.00

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



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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committee	<b>Transaction ID:</b> D91981 <b>Date of Disbursement</b>																				
Mailing Address 430 S Capitol St SE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		1	3		2	0	1	0												
City Washington State DC Zip Code 20003-4024	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	<table border="1"> <tr> <td colspan="10">15000.00</td> </tr> </table>	15000.00																			
15000.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution	<table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table>	011										Category/Type									
011																					
Category/Type																					
<b>B.</b> Full Name (Last, First, Middle Initial) Diana Degette For Congress Inc.	<b>Transaction ID:</b> D92870 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 61337	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Denver State CO Zip Code 80206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Diana DeGette	<table border="1"> <tr> <td colspan="10">4000.00</td> </tr> </table>	4000.00																			
4000.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table>	011										Category/Type									
011																					
Category/Type																					
<b>C.</b> Full Name (Last, First, Middle Initial) Duncan for Congress	<b>Transaction ID:</b> D92860 <b>Date of Disbursement</b>																				
Mailing Address PO Box 732	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Clinton State SC Zip Code 29325	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 03 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<table border="1"> <tr> <td colspan="10">011</td> </tr> <tr> <td colspan="10">Category/Type</td> </tr> </table>	011										Category/Type									
011																					
Category/Type																					

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

21500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Bennie Thompson	<b>Transaction ID:</b> D92687 <b>Date of Disbursement</b>																				
Mailing Address 236 Massachusetts Ave NE Ste 603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	0												
City Washington State DC Zip Code 20002-4971	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Bennie G. Thompson	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Dick Durbin Committee	<b>Transaction ID:</b> D92867 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1949	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Springfield State IL Zip Code 62705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Sen. Richard J. Durbin	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Gillibrand for Senate	<b>Transaction ID:</b> D92872 <b>Date of Disbursement</b>																				
Mailing Address 3422 Porter Street, NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	3		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	3		2	0	1	0												
City Washington State DC Zip Code 20016	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) John Carney for Congress	<b>Transaction ID:</b> D93200 <b>Date of Disbursement</b>
Mailing Address 426 C St NE	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 7 / 2 0 1 0</div> </div>
City Washington State DC Zip Code 20002-5839	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<div> <div>2500.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	<b>Transaction ID:</b> D92861 <b>Date of Disbursement</b>
Mailing Address 205 N Main St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 1 0</div> </div>
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal candidates Candidate Name Mr. Kurt Schrader	<div> <div>2500.00</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) Markey Committee, The	<b>Transaction ID:</b> D92874 <b>Date of Disbursement</b>
Mailing Address PO Box 526	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 3 / 2 0 1 0</div> </div>
City Medford State MA Zip Code 02155	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Rep. Edward J. Markey	<div> <div>2500.00</div> <div>Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 07 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Markey Committee, The

Mailing Address PO Box 526

City	State	Zip Code
Medford	MA	02155

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Edward J. Markey

011
Category/ Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MA District: 07

Transaction ID: D92875

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City	State	Zip Code
ALBUQUERQUE	NM	87106

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011
Category/ Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	-------------------	--

State: NM District: 01

Transaction ID: D92608

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

McCotter Congressional Committee

Mailing Address P.O. Box 530788

City	State	Zip Code
Livonia	MI	48153

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Thaddeus G. McCotter

011
Category/ Type

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
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State: MI District: 11

Transaction ID: D92693

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

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

7500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contributions for Federal candidatesCandidate Name  
Rep. Michael C. Burgess, M.D.Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 26

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D91977

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Michael C. Burgess, M.D.Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 26

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: D92862

Date of Disbursement

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

Amount of Each Disbursement this Period

4000.00

**C.** Full Name (Last, First, Middle Initial)  
MINNICK FOR CONGRESS

Mailing Address 7964 W Fairview Avenue

City Boise State ID Zip Code 83704

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: ID District: 01

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D93384

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

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

6000.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Mission PAC

Mailing Address 38 Ivy Street, SE

City Washington State DC Zip Code 20003

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual Contribution

Transaction ID: D92699

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contributions to Federal PACs/Committees

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual contribution

Transaction ID: D92639

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

15000.00

C.

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City Washington State DC Zip Code 20002-4914

Purpose of Disbursement  
Contributions to Federal PACs/Committees

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual Contribution

Transaction ID: D92638

Date of Disbursement

02 / 19 / 2010

Amount of Each Disbursement this Period

15000.00

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

32500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Pat Meehan for Congress

Mailing Address 5035 Township Line Rd

City	State	Zip Code
Drexel Hill	PA	19026-4821

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 07

Transaction ID: D92858

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City	State	Zip Code
TAMPA	FL	33606

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D93204

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

FATTAH FOR CONGRESS

Mailing Address 400 South Capitol Street, SW

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Chaka Fattah

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 02

Transaction ID: D92868

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

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

6000.00

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

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**CHARLIE DENT FOR CONGRESS**

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Charles W. Dent

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 15

**Transaction ID:** D92859

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

3000.00

**B.** Full Name (Last, First, Middle Initial)  
**KILDEE FOR CONGRESS COMMITTEE**

Mailing Address P.O. Box 317

City Flint State MI Zip Code 48501

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Dale E. Kildee

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 05

**Transaction ID:** D93048

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DAVE CAMP FOR CONGRESS 2010**

Mailing Address 2501 Wisconsin Ave., NW  
 Number 304

City Washington State DC Zip Code 20007

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Dave Lee Camp

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 04

**Transaction ID:** D93206

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

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

6500.00

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



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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**PERLMUTTER FOR CONGRESS**

Mailing Address 3440 Youngfield St #264

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Ed Perlmutter011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D93050

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Ed Whitfield011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: D93195

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Frank Pallone, Jr.011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D93385

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

PETERS FOR CONGRESS

Mailing Address PO BOX 226

City  
BLOOMFIELD HILLSState  
MIZip Code  
48303Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Gary C. Peters011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 09

Transaction ID: D92698

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address 3161 Dixie Highway

City  
ErlangerState  
KYZip Code  
41018Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Geoff Davis011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D93207

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

GERRY CONNOLLY FOR CONGRESS

Mailing Address 729 15th Street, NW  
Ste 300City  
WashingtonState  
DCZip Code  
20005-2105Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Gerry E. Connolly011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 11

Transaction ID: D92700

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF GINNY BROWN-WAITE

Mailing Address P.O. Box 865

City Brooksville State FL Zip Code 34605

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Ginny Brown-Waite

Office Sought: ☒ House  
☐ Senate  
☐ President

State: FL District: 05

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: D93201

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address 700 12th Street, NW  
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jim W. Gerlach

Office Sought: ☒ House  
☐ Senate  
☐ President

State: PA District: 06

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: D92864

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

5000.00

**C.** Full Name (Last, First, Middle Initial)  
JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO Box 2145

City West Columbia State SC Zip Code 29171

Purpose of Disbursement  
Contributions for Federal candidates

Candidate Name  
Rep. Joe Wilson

Office Sought: ☒ House  
☐ Senate  
☐ President

State: SC District: 02

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: D93457

Date of Disbursement

03 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

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

7500.00

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

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

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 Macarthur Boulevard

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John Campbell

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 48

Transaction ID: D93051

Date of Disbursement

03 / 10 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Kathy Dahlkemper

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: D93202

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
KATHY DAHLKEMPER FOR CONGRESS

Mailing Address PO Box 1045

City Erie State PA Zip Code 16512

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Kathy Dahlkemper

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2010 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 03

Transaction ID: D91980

Date of Disbursement

01 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)  
KEVIN MCCARTHY FOR CONGRESS**

Mailing Address P.O. Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Kevin McCarthy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D93205

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

3000.00

**B. Full Name (Last, First, Middle Initial)  
LANCE FOR CONGRESS**

Mailing Address PO Box 225

City Colonia State NJ Zip Code 07067

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Leonard Lance011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 07

Transaction ID: D93208

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)  
WOOLSEY FOR CONGRESS**

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Lynn C. Woolsey011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 06

Transaction ID: D93381

Date of Disbursement

03 / 24 / 2010

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

SOUDER FOR CONGRESS INC.

Mailing Address P.O. BOX 40233

City  
FORT WAYNEState  
INZip Code  
46804Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Mark E. Souder011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IN District: 03

Transaction ID: D92692

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 682185

City  
FranklinState  
TNZip Code  
37068Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Marsha Blackburn011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D93199

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

MIKE HONDA FOR CONGRESS

Mailing Address P.O. Box 8180

City  
San JoseState  
CAZip Code  
95155Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Michael M. Honda011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 15

Transaction ID: D93197

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**PATRICK MURPHY FOR CONGRESS**

Mailing Address P.O. Box 868

City State Zip Code  
Levittown PA 19058Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Patrick Murphy011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D93049

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**PAUL BROWN COMMITTEE**

Mailing Address P.O. Box 1512

City State Zip Code  
Athens GA 30601Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Paul C. Brown011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: D93459

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**Larsen for Congress**

Mailing Address PO Box 326

City State Zip Code  
Everett WA 98206Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rick Larsen011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: D93386

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	4	/	2	0	1	0

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

City  
BOCA RATONState  
FLZip Code  
33433Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Ron Klein011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 22

Transaction ID: D93196

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 Grand, Suite 2400

City  
Kansas CityState  
MOZip Code  
64108Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Sam B. Graves, Jr.011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: D92865

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

TIM RYAN FOR CONGRESS

Mailing Address 1600 Roosevelt Avenue

City  
NilesState  
OHZip Code  
44446Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Tim J. RyanCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 17

Transaction ID: D93203

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

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

4500.00

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



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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Scott Brown for U.S. Senate Committee

Mailing Address 200 Reservoir St

City State Zip Code  
Needham Heights MA 02494-3191Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: D93382

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
GRASSLEY COMMITTEE INC

Mailing Address PO BOX 1000

City State Zip Code  
DES MOINES IA 50304Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Sen. Charles E. Grassley011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IA District: 00

Transaction ID: D93455

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 26 / 2010

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
DAVID VITTER FOR US SENATE

Mailing Address PO BOX 8175

City State Zip Code  
METAIRIE LA 70011Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Sen. David Vitter011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 00

Transaction ID: D92873

Date of Disbursement

M M / D D / Y Y Y Y  
03 / 03 / 2010

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>EVAN BAYH COMMITTEE</b>	<b>Transaction ID:</b> D93791 <b>Date of Disbursement</b>																				
Mailing Address 1070 Thomas Jefferson St NW Apt 202	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	1		2	0	1	0												
City Washington State DC Zip Code 20007-3809	Amount of Each Disbursement this Period																				
Purpose of Disbursement VOID CK 7134	<table border="1"> <tr> <td>-2500.00</td> </tr> </table>	-2500.00																			
-2500.00																					
Candidate Name Sen. Evan Bayh	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
VOID CK 7134																					
<b>B.</b> Full Name (Last, First, Middle Initial) <b>FRIENDS FOR HARRY REID</b>	<b>Transaction ID:</b> D92694 <b>Date of Disbursement</b>																				
Mailing Address P.O. BOX 19163	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	0												
City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. Harry Reid	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>MENENDEZ FOR SENATE</b>	<b>Transaction ID:</b> D92696 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 848	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	4		2	0	1	0												
City Union City State NJ Zip Code 07087	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Sen. Robert Menendez	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

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

2500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

MENENDEZ FOR SENATE

Mailing Address P.O. Box 848

City  
Union City

State  
NJ

Zip Code  
07087

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Sen. Robert Menendez

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: NJ District: 00

Transaction ID: D92866

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

WYDEN FOR SENATE

Mailing Address 122 C St NW  
Ste 505

City  
Washington

State  
DC

Zip Code  
20001-2109

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Sen. Ron Wyden

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: OR District: 00

Transaction ID: D92869

Date of Disbursement

03 / 03 / 2010

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

Simmons for Senate

Mailing Address PO Box 268

City  
Stonington

State  
CT

Zip Code  
06378-0268

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 02

Transaction ID: D92609

Date of Disbursement

02 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

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

11500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 217 3rd St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Steve Stivers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D93198

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Taking the Hill PAC

Mailing Address 499 S Capitol St SW  
Ste 404

City  
Washington

State  
DC

Zip Code  
20003-4004

Purpose of Disbursement  
Contributions to Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D91976

Date of Disbursement

01 / 13 / 2010

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Tim Murphy For Congress

Mailing Address PO Box 24551

City  
Pittsburgh

State  
PA

Zip Code  
15234

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Tim F. Murphy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 18

Transaction ID: D93209

Date of Disbursement

03 / 17 / 2010

Amount of Each Disbursement this Period

1500.00

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

5000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tuesday Group PAC

Mailing Address c/o Goeas and Associates  
1707 Prince Street, #5

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual Contribution

Transaction ID: D91979

Date of Disbursement

01 / 13 / 2010

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Volunteers For Shimkus

Mailing Address PO Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John M. Shimkus

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☒ General  
☐ Other (specify) ▼  
 State: IL District: 19

Transaction ID: D92691

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

WE THE PEOPLE PAC

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2010 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual Contribution

Transaction ID: D92697

Date of Disbursement

02 / 24 / 2010

Amount of Each Disbursement this Period

2500.00

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

10000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 94 / 96

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

WEDGE PAC

Mailing Address PO Box 680063

City  
Franklin

State  
TN

Zip Code  
37068

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State:

District:

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

Annual contribution

Transaction ID: D93047

Date of Disbursement

MM / DD / YYYY  
03 / 10 / 2010

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

212500.00

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 95 / 96

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement

Federal Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: D93123

Date of Disbursement

/   /

Amount of Each Disbursement this Period

203.00

B.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement

Bank Fees JAN 10

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: D93914

Date of Disbursement

/   /

Amount of Each Disbursement this Period

495.41

C.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement

Bank Fees FEB 10

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

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

Transaction ID: D93915

Date of Disbursement

/   /

Amount of Each Disbursement this Period

668.02

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

1366.43

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

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 96 / 96

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement

Bank Fees MAR 10

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D93917

Date of Disbursement

/   /

Amount of Each Disbursement this Period

106.31

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

106.31

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

1472.74