

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 Irving TX 75038 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00140061 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 11 28 2006 through 12 31 2006

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

Type or Print Name of Treasurer Dean Wilkerson, MBA,JD

Signature of Treasurer Electronically Filed by Dean Wilkerson, MBA,JD Date 04 18 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		338268.79
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	334841.35									
(c) Total Receipts (from Line 19)	80254.24	664297.96								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	415095.59	1002566.75								
7. Total Disbursements (from Line 31)	180.55	587651.71								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	414915.04	414915.04								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
National Emergency Medicine Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	44317.96	277810.09
(i) Itemized (use Schedule A)	34046.65	373002.41
(ii) Unitemized	78364.61	650812.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	78364.61	650812.50
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1889.63	13485.46
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))	80254.24	664297.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	80254.24	664297.96

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	-1500.00	581700.00
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	100.00	550.00
(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))	100.00	550.00
29. Other Disbursements.....	1580.55	5401.71
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))..	180.55	587651.71
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	180.55	587651.71

DETAILED SUMMARY PAGE
of Disbursements

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)	78364.61	650812.50
34. Total Contribution Refunds (from Line 28(d))	100.00	550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	78264.61	650262.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<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

Full Name (Last, First, Middle Initial) A. Dr. Ellen Jean Westdorp		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 1931 Deerwood Trl		Transaction ID: 17843424	
City State Zip Code Mosinee WI 54455-8076		Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Ellen Jean Westdorp, MD, FACEP		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 365.00	

Full Name (Last, First, Middle Initial) B. Dr. Lynda Gail Gray		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 2896 W Kensington Ln		Transaction ID: 17843425	
City State Zip Code Fresno CA 93711-1159		Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Kaiser Permanente Hosp		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Dr. W Ravindran		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 6	
Mailing Address 1012 Sheila Dr		Transaction ID: 17843470	
City State Zip Code Toms River NJ 08753-3522		Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C			
Name of Employer Comm Med Ctr ED		Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional) ▶	1065.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Joseph T McCasin		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 16402 Ridgmont St		Transaction ID: 17853683	
City Omaha	State NE	Zip Code 68136-4020	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Meth Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) B. Dr. Shane Edward Zatkalik		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 737 E Bethel School Rd		Transaction ID: 17879068	
City Coppell	State TX	Zip Code 75019-4188	Amount of Each Receipt this Period 200.00
FEC ID number of contributing federal political committee. C			
Name of Employer Shane Edward Zatkalik, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Marian Bednar		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 737 E Bethel School Rd		Transaction ID: 17879069	
City Coppell	State TX	Zip Code 75019-4188	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Marian Bednar, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 715.00		

SUBTOTAL of Receipts This Page (optional)	950.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Reginald H Warren, Jr		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 2792 Wolf Club Ct		Transaction ID: 17879073	
City Atlanta	State GA	Zip Code 30349-8708	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emory University	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Charles Niziol		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2815 Kings Forest Dr		Transaction ID: 17879082	
City Kingwood	State TX	Zip Code 77339-2450	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Uvalde Mem. Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr. Thomas W Graber		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 29360 Lake Rd		Transaction ID: 17879409	
City Bay Village	State OH	Zip Code 44140-1321	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Team Health Midwest	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Frederick C Blum		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 1470 Point Marion Rd		Transaction ID: 17879417	
City Morgantown	State WV	Amount of Each Receipt this Period 83.33	
Zip Code 26508-1454			
FEC ID number of contributing federal political committee. C			
Name of Employer RCB-HSC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 834.66		

Full Name (Last, First, Middle Initial) B. Dr. Michael C Christopher		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 5129 N Saddle Rock Ln		Transaction ID: 17879419	
City Phoenix	State AZ	Amount of Each Receipt this Period 100.00	
Zip Code 85018-1828			
FEC ID number of contributing federal political committee. C			
Name of Employer EMPower Emerg Phys PC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) C. Dr. Clifford Erickson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 5309 Ellington Ct		Transaction ID: 17879420	
City Newburgh	State IN	Amount of Each Receipt this Period 40.00	
Zip Code 47630-3170			
FEC ID number of contributing federal political committee. C			
Name of Employer Clifford Erickson, MD, FA-CEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00		

SUBTOTAL of Receipts This Page (optional) ▶	223.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. William Basil Felegi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 731 Red Lion Way		Transaction ID: 17879422
City Bridgewater	State NJ	Zip Code 08807-1668
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Morristown Mem Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Dr. Diana L Fite		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address PO Box 2029		Transaction ID: 17879423
City Waller	State TX	Zip Code 77484-2029
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00
Name of Employer Meth Willowbrook Hosp ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.00	

Full Name (Last, First, Middle Initial) C. Dr. Kelly Foley		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 1133 Pond Cypress Dr		Transaction ID: 17879425
City Virginia Bch	State VA	Zip Code 23455-6859
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 85.00
Name of Employer Emergency Phys of Tidewater	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional) ▶	425.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Marsha D Ford		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 6836 Alexander Rd		Transaction ID: 17879426	
City Charlotte	State NC	Amount of Each Receipt this Period 41.67	
Zip Code 28270-2804			
FEC ID number of contributing federal political committee. C			
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.34		

Full Name (Last, First, Middle Initial) B. Dr. Michael Joseph Gerardi		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 29 Heritage Ct		Transaction ID: 17879427	
City Randolph	State NJ	Amount of Each Receipt this Period 100.00	
Zip Code 07869-3534			
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Medical Associates	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00		

Full Name (Last, First, Middle Initial) C. Dr. Andrea L Green		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 5 Twin Springs Dr		Transaction ID: 17879429	
City Arlington	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 76016-4027			
FEC ID number of contributing federal political committee. C			
Name of Employer Andrea L Green, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	241.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 9652 55th Ave NW		Transaction ID: 17879432
City State Zip Code Oronoco MN 55960-2218	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mayo Clinic	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

B. Full Name (Last, First, Middle Initial) Dr. Ramon W Johnson		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 26921 La Alameda # 3222		Transaction ID: 17879436
City State Zip Code Mission Viejo CA 92691-7374	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Mission Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C. Full Name (Last, First, Middle Initial) Dr. Jeffrey Alan Joseph		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address 14855 Tyler Mill Ct		Transaction ID: 17879437
City State Zip Code Haymarket VA 20169-2628	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Jeffrey Alan Joseph, DO, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Jay Kaplan

Mailing Address
300 Oak Ave

City State Zip Code
San Anselmo CA 94960-2703

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

Name of Employer Occupation
CA Emerg Phys Med Grp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
810.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17879438

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Scott Jason Korvek

Mailing Address
240 Beverly Rd

City State Zip Code
Pittsburgh PA 15216-1462

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

Name of Employer Occupation
Allegheny Gen Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17879439

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Sharon E Mace

Mailing Address
11961 Laurel Rd

City State Zip Code
Chesterland OH 44026-1757

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

Name of Employer Occupation
Cleveland Clinic ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 9 / 2 0 0 6

Transaction ID: 17879441

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 13876 Hearthstone Ln		Transaction ID: 17879443	
City State Zip Code Hartland MI 48353-3145	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Saginaw Cooperative Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

B. Full Name (Last, First, Middle Initial) Dr. David L Meyers		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 2301 Ken Oak Rd		Transaction ID: 17879446	
City State Zip Code Baltimore MD 21209-4421	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer EmCare Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

C. Full Name (Last, First, Middle Initial) Dr. George W Molzen		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 11 Grasslands Tr		Transaction ID: 17879457	
City State Zip Code Santa Fe NM 87508-1316	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Albuquerque Emerg Med Assoc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

SUBTOTAL of Receipts This Page (optional) ▶	450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Ira R Nemeth		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 3225 Turtle Creek Blvd Apt 134		Transaction ID: 17879458	
City Dallas	State TX	Zip Code 75219-5457	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Ira R Nemeth, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Jeffrey R Nickel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 2300 N Black Oak Dr		Transaction ID: 17879459	
City Angola	State IN	Zip Code 46703-8195	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Professional Emerg Phys Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Dr. Mark R Riser		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 108 Balsamwood Ct		Transaction ID: 17879461	
City Cary	State NC	Zip Code 27513-3456	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer Duke Univ Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 916.67		

SUBTOTAL of Receipts This Page (optional) ▶	283.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. David William Ross		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 15340 Raton Rd		Transaction ID: 17879463	
City Colorado Spgs	State CO	Zip Code 80921-2140	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.66		

Full Name (Last, First, Middle Initial) B. Dr. David M Siegel		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 706 Promenade Pl		Transaction ID: 17879465	
City Tampa	State FL	Zip Code 33602-5902	Amount of Each Receipt this Period 900.00
FEC ID number of contributing federal political committee. C			
Name of Employer David M Siegel, MD JD FAC-EP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert C Solomon		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 214 Briar Path		Transaction ID: 17879466	
City Imperial	State PA	Zip Code 15126-9686	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer East Ohio Reg Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.69		

SUBTOTAL of Receipts This Page (optional)	1066.66
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Fred Foster Tilden		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 9 / 2 0 0 6	
Mailing Address 36 Bainbridge Rd		Transaction ID: 17879467	
City W Hartford	State CT	Amount of Each Receipt this Period 1000.00	
Zip Code 06119-1145			
FEC ID number of contributing federal political committee. C			
Name of Employer Midstate Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

B. Full Name (Last, First, Middle Initial) Dr. Gregory J Bjerke		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2973 Peterson Pkwy		Transaction ID: 17879478	
City Fargo	State ND	Amount of Each Receipt this Period 200.00	
Zip Code 58102-1752			
FEC ID number of contributing federal political committee. C			
Name of Employer Meritcare Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Dr. Thomas E Nielsen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 2801 Blarney Stone Ln		Transaction ID: 17879482	
City Bloomington	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 61704-8452			
FEC ID number of contributing federal political committee. C			
Name of Employer BroMenn Reg Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	1450.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Bruce S Whitman		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6	
Mailing Address 315 Londonderry Dr		Transaction ID: 17879484	
City Lumberton	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28358-8316			
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Reg Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.00		

B. Full Name (Last, First, Middle Initial) Dr. Salvador E Arguilla		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 45 Snyder Rd		Transaction ID: 17881609	
City Englewd Clfs	State NJ	Amount of Each Receipt this Period 250.00	
Zip Code 07632-1619			
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Medical Assoc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

C. Full Name (Last, First, Middle Initial) Dr. Ben C Corballis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 906 Greenhill Ave		Transaction ID: 17881610	
City Wilmington	State DE	Amount of Each Receipt this Period 200.00	
Zip Code 19805-2640			
FEC ID number of contributing federal political committee. C			
Name of Employer Drs for Emergency Service PA	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. David C Linn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 1 / 2 0 0 6	
Mailing Address 522 Serenity Ln		Transaction ID: 17881614	
City Knoxville	State TN	Amount of Each Receipt this Period 100.00	
Zip Code 37934-7902			
FEC ID number of contributing federal political committee. C			
Name of Employer David C Linn, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

B. Full Name (Last, First, Middle Initial) Dr. Julian L Kadish		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 72 Reservoir St		Transaction ID: 17900132	
City Norton	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 02766-2202			
FEC ID number of contributing federal political committee. C			
Name of Employer Milford Whitinsville Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

C. Full Name (Last, First, Middle Initial) Dr. Millard A Ruddell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 2408 Jericho Dr		Transaction ID: 17900135	
City Jamison	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 18929-1507			
FEC ID number of contributing federal political committee. C			
Name of Employer Abington Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Todd Curtis Rothenhaus		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6	
Mailing Address 422 Huron Ave		Transaction ID: 17900137	
City Cambridge	State MA	Amount of Each Receipt this Period 250.00	
Zip Code 02138-2126			
FEC ID number of contributing federal political committee. C			
Name of Employer Boston Univ Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Otto F Rogers, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 318 Horse & Carriage Ln		Transaction ID: 17904661	
City Cameron	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28326-7846			
FEC ID number of contributing federal political committee. C			
Name of Employer Moore Reg Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Carol L Clark		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6	
Mailing Address 4728 Haddington Dr		Transaction ID: 17904662	
City Bloomfield Hls	State MI	Amount of Each Receipt this Period 500.00	
Zip Code 48304-3637			
FEC ID number of contributing federal political committee. C			
Name of Employer William Beaumont Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 21 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. Thomas C Kupka

Mailing Address
2454 S Paseo Loma Cir

City State Zip Code
Mesa AZ 85202-6443

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

Name of Employer
Emergency Physicians Inc

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038584

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Thomas G Chiccone

Mailing Address
908 Church Hill Rd

City State Zip Code
Centreville MD 21617-2599

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

Name of Employer
Memorial Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038585

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Bonnie B Matthaues

Mailing Address
PO Box 7270

City State Zip Code
Wilmington DE 19803-0270

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

Name of Employer
Med Ctr of Delaware ED

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038590

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Jonathan Winograd

Mailing Address
1 Harper St

City State Zip Code
West Orange NJ 07052-3635

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

Name of Employer Occupation
St Barnabas Med Ctr Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038593

Amount of Each Receipt this Period
50.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven G Werdehoff

Mailing Address
3013 Hampton Cove Way

City State Zip Code
Owens Cross Roads AL 35763-9390

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

Name of Employer Occupation
Huntsville Hosp Emergency Physician

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

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038596

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)
Dr. William D Dicindio

Mailing Address
124 Erica Ct

City State Zip Code
Swedesboro NJ 08085-1823

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

Name of Employer Occupation
South Jersey Healthcare Emergency Physician

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 765.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038597

Amount of Each Receipt this Period
300.00

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Jim Anthony Comes

Mailing Address
247 Goshen Ave

City State Zip Code
Clovis CA 93611-7098

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

Name of Employer
Univ Med Ctr ED

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038599

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Steven Kulick

Mailing Address
13206 N Hawthorne Ct

City State Zip Code
Mequon WI 53097-1902

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

Name of Employer
Emerg Med Assoc

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038602

Amount of Each Receipt this Period
365.00

C. Full Name (Last, First, Middle Initial)
Dr. Pushpa R Mudan

Mailing Address
1415 Silvercreek Dr

City State Zip Code
Mechanicsburg PA 17050-2086

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

Name of Employer
Holy Spirit Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 2 / 2 0 0 6

Transaction ID: 18038616

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	915.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Vernon T Koto		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 23061 Apple Hill Ln		Transaction ID: 18038658	
City Lincolnshire	State IL	Amount of Each Receipt this Period 250.00	
Zip Code 60069-2828			
FEC ID number of contributing federal political committee. C			
Name of Employer Phy America	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

B. Full Name (Last, First, Middle Initial) Dr. Robert Bryant		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 7270 S Plomenade Dr		Transaction ID: 18038659	
City Salt Lake City	State UT	Amount of Each Receipt this Period 125.00	
Zip Code 84121-4057			
FEC ID number of contributing federal political committee. C			
Name of Employer Utah Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

C. Full Name (Last, First, Middle Initial) Dr. S Marshal Isaacs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 3000 Blackburn St Apt 1902		Transaction ID: 18038660	
City Dallas	State TX	Amount of Each Receipt this Period 250.00	
Zip Code 75204-2211			
FEC ID number of contributing federal political committee. C			
Name of Employer Parkland Mem Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	625.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Steven D Mehaffey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 23749 Fletcher Isle Rd		Transaction ID: 18038663	
City Ponchatoula	State LA	Amount of Each Receipt this Period 500.00	
Zip Code 70454-6833			
FEC ID number of contributing federal political committee. C			
Name of Employer Total Wound Treatment Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Ralph K Losey		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 6239 N Lundy Ave		Transaction ID: 18038667	
City Chicago	State IL	Amount of Each Receipt this Period 200.00	
Zip Code 60646-4009			
FEC ID number of contributing federal political committee. C			
Name of Employer Univ of IL at Chicago ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Vincent H Knauf, II		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 4860 Louise Dr		Transaction ID: 18038669	
City San Diego	State CA	Amount of Each Receipt this Period 365.00	
Zip Code 92115-1921			
FEC ID number of contributing federal political committee. C			
Name of Employer Sharp Chala Vista	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 730.00		

SUBTOTAL of Receipts This Page (optional) ▶	1065.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. M McKim Davis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 0 6	
Mailing Address 3916 Welwyn Way		Transaction ID: 18040431	
City Bedford	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 76021-2510			
FEC ID number of contributing federal political committee. C			
Name of Employer Plaza Med Ctr of Ft Worth	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Dr. Charles Niziol		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 2815 Kings Forest Dr		Transaction ID: 18040712	
City Kingwood	State TX	Amount of Each Receipt this Period 200.00	
Zip Code 77339-2450			
FEC ID number of contributing federal political committee. C			
Name of Employer Uvalde Mem. Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

C. Full Name (Last, First, Middle Initial) Dr. Jerry Guzik		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 249 E 10th St Apt 5B		Transaction ID: 18040727	
City New York	State NY	Amount of Each Receipt this Period 500.00	
Zip Code 10009-4822			
FEC ID number of contributing federal political committee. C			
Name of Employer Jerry Guzik, DO	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00		

SUBTOTAL of Receipts This Page (optional) ▶	1200.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Michael Thomas Brazda		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 272 Shore Dr E		Transaction ID: 18040728	
City Miami	State FL	Amount of Each Receipt this Period 250.00	
Zip Code 33133-2622			
FEC ID number of contributing federal political committee. C			
Name of Employer Baptist Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Peter B Woollett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 111 Kalaiohua Pl		Transaction ID: 18040731	
City Honolulu	State HI	Amount of Each Receipt this Period 500.00	
Zip Code 96822-5005			
FEC ID number of contributing federal political committee. C			
Name of Employer Islands Emerg Med Svcs	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 865.00		

Full Name (Last, First, Middle Initial) C. Dr. Dale T Oda		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 3310 Halelani Dr		Transaction ID: 18040735	
City Honolulu	State HI	Amount of Each Receipt this Period 100.00	
Zip Code 96822-1223			
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Group Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

SUBTOTAL of Receipts This Page (optional) ▶	850.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Steven Gerald Folstad		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 131 Sanibel Ln		Transaction ID: 18040737
City Mooresville	State NC	Zip Code 28117-9062
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Steven Gerald Folstad, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Dr. Amanda J Zopp		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 2120 Hastings Dr		Transaction ID: 18040743
City Charlotte	State NC	Zip Code 28207-2426
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Cabarrus Emerg Med Assoc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Dr. Ujwal Meka		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 1921 Cypress Creek Rd Apt 244E		Transaction ID: 18040744
City River Ridge	State LA	Zip Code 70123-6055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LA State Univ/New Orleans	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	1750.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 29 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Alasdair K Conn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 87 Harbor Ave		Transaction ID: 18040746	
City Marblehead	State MA	Amount of Each Receipt this Period 500.00	
Zip Code 01945-3846		FEC ID number of contributing federal political committee. C	
Name of Employer MA Gen Hosp ED Chief	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) B. Dr. Padraic J Sweeny		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 7 / 2 0 0 6	
Mailing Address 3750 Eastham Rd		Transaction ID: 18227029	
City Dearborn	State MI	Amount of Each Receipt this Period 365.00	
Zip Code 48120-1049		FEC ID number of contributing federal political committee. C	
Name of Employer Detroit Receiving Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

Full Name (Last, First, Middle Initial) C. Dr. M McKim Davis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 3916 Welwyn Way		Transaction ID: 18227046	
City Bedford	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 76021-2510		FEC ID number of contributing federal political committee. C	
Name of Employer Plaza Med Ctr of Ft Worth	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	965.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Philip S Carney, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 317 Oak Knoll Dr		Transaction ID: 18227069	
City Rockville	State MD	Amount of Each Receipt this Period 100.00	
Zip Code 20850-4735		FEC ID number of contributing federal political committee. C	
Name of Employer Philip S Carney Jr, MD, FACEP	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 400.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dr. Ovunda A Lawson-Ndu		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address PO Box 640		Transaction ID: 18227072	
City Medford	State NJ	Amount of Each Receipt this Period 150.00	
Zip Code 08055-0640		FEC ID number of contributing federal political committee. C	
Name of Employer Lower Bucks Hosp	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 250.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dr. Susan K Munden		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 3509 Tres Rios		Transaction ID: 18227075	
City San Clemente	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 92673-3822		FEC ID number of contributing federal political committee. C	
Name of Employer South Coast Med Ctr	Occupation Emergency Physician	Aggregate Year-to-Date ▼ 300.00	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	350.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Charles E Jessup		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 3068 Hidden Rd		Transaction ID: 18227081	
City Bay City	State MI	Zip Code 48706-1241	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Timberline Emerg Phys Inc	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Michael P O'Mara		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 4928 S Ellis Ave		Transaction ID: 18227085	
City Chicago	State IL	Zip Code 60615-2708	Amount of Each Receipt this Period 350.00
FEC ID number of contributing federal political committee. C			
Name of Employer Evergreen Emergency Svcs	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00		

Full Name (Last, First, Middle Initial) C. Dr. Michael A Evans		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 6 / 2 0 0 6	
Mailing Address 106 Dobbs Pl		Transaction ID: 18227108	
City Goldsboro	State NC	Zip Code 27534-7871	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Michael A Evans, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Steve R Souter

Mailing Address
10255 S Loridan Ln

City State Zip Code
Sandy UT 84092-4494

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

Name of Employer Steve R Souter, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2006

Transaction ID: 18232943

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Andrew Langsam

Mailing Address
405 Regency Ct

City State Zip Code
Hockessin DE 19707-2300

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

Name of Employer Doctors for Emerg Svc Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2006

Transaction ID: 18232956

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Jeff Van Bendegom

Mailing Address
1730 Ridge Rd

City State Zip Code
Lake Forest IL 60045-4115

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

Name of Employer Jeff Van Bendegom, MD Occupation Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
12 / 28 / 2006

Transaction ID: 18232963

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Wendy K Ottenbacher		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 23 Montague Road		Transaction ID: 18232965
City State Zip Code Newark DE 19713-1153	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Delmarva Emerg Svcs	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Russell Edwin Maatz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address PO Box 661870		Transaction ID: 18232970
City State Zip Code Arcadia CA 91066-1870	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Meth Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Jacob P Vigil		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6
Mailing Address 7005 San Marino Dr		Transaction ID: 18232971
City State Zip Code El Paso TX 79912-1507	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Providence Hospital	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. B Vindell Washington		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 101 Emerald Ln		Transaction ID: 18232972	
City Mooresville	State NC	Zip Code 28117-5502	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer B Vindell Washington, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Dr. Timothy Alan Soult		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 2101 Dansmere Ave		Transaction ID: 18232975	
City Oklahoma City	State OK	Zip Code 73170-3404	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Morningstar Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. F Richard Heath		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 53 Fox Pointe Dr		Transaction ID: 18234737	
City Pittsburgh	State PA	Zip Code 15238-1534	Amount of Each Receipt this Period 365.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Resource Mgmnt	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00		

SUBTOTAL of Receipts This Page (optional) ▶	865.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jill M Hunt		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 3030 Brunskill Dr		Transaction ID: 18234919	
City Dubuque	State IA	Amount of Each Receipt this Period 500.00	
Zip Code 52003-5223			
FEC ID number of contributing federal political committee. C			
Name of Employer Finley Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr. Ronald Iverson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 4935 S Scenic Rte		Transaction ID: 18235223	
City Casper	State WY	Amount of Each Receipt this Period 200.00	
Zip Code 82601-6714			
FEC ID number of contributing federal political committee. C			
Name of Employer Emerg Med Phys PC	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

Full Name (Last, First, Middle Initial) C. Dr. Lloyd Moore		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6	
Mailing Address 8200 S Coltrane Rd		Transaction ID: 18235527	
City Guthrie	State OK	Amount of Each Receipt this Period 100.00	
Zip Code 73044-7706			
FEC ID number of contributing federal political committee. C			
Name of Employer Stillwater Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	800.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address
490 Country Club Dr

City State Zip Code
McDermott OH 45652-8807

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

Name of Employer Southern Ohio Medical Center
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2006

Transaction ID: 18236066

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Joni Vest

Mailing Address
3831 Sunburst Rdg

City State Zip Code
Cincinnati OH 45248-2958

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

Name of Employer Emerg Care Phys of N
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2006

Transaction ID: 18236470

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Adam Church

Mailing Address
59 Mill Spring Rd

City State Zip Code
Manhasset NY 11030-3433

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

Name of Employer North Shore University Hosp
Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 19 / 2006

Transaction ID: 18236643

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	550.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Carol L Clark		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 4728 Haddington Dr		Transaction ID: 18239037	
City Bloomfield Hls	State MI	Amount of Each Receipt this Period 100.00	
Zip Code 48304-3637			
FEC ID number of contributing federal political committee. C			
Name of Employer William Beaumont Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00		

B. Full Name (Last, First, Middle Initial) Dr. James E Henry, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 111 Westview Ln		Transaction ID: 18239055	
City Oak Ridge	State TN	Amount of Each Receipt this Period 50.00	
Zip Code 37830-8658			
FEC ID number of contributing federal political committee. C			
Name of Employer Southeastern Emer Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Dr. Matthew S Way		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 2211 Ash Grove Way		Transaction ID: 18239059	
City Dallas	State TX	Amount of Each Receipt this Period 500.00	
Zip Code 75228-5386			
FEC ID number of contributing federal political committee. C			
Name of Employer Arlington Memorial Hosp ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	650.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Christopher J Scott

Mailing Address
4939 Kensington Park Blvd

City State Zip Code
Orlando FL 32819-3136

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

Name of Employer
Christopher J Scott, MD, FACEP

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18239061

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Jerry I Jacobson

Mailing Address
5137 W Lakewood Dr

City State Zip Code
Visalia CA 93291-9016

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

Name of Employer
Kaweah Delta District Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18239062

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Dr. Donald J Steiner

Mailing Address
1 S 702 Birchbrook Ct

City State Zip Code
Glen Ellyn IL 60137-6880

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

Name of Employer
Good Samaritan 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 Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18239065

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)	▶	700.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Dennis T Uehara

Mailing Address
5092 Crofton Dr

City State Zip Code
Rockford IL 61114-5422

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

Name of Employer
Rockford Memorial 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
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18239068

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Ronald A Sarno

Mailing Address
8979 Raven Dr

City State Zip Code
Louisville NE 68037-2130

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

Name of Employer
Midlands Hosp

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18239071

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Angelo L Falcone

Mailing Address
21608 English Meadow Pl

City State Zip Code
Gaithersburg MD 20882-1350

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

Name of Employer
Shady Grove Adventist 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
1 2 / 1 8 / 2 0 0 6

Transaction ID: 18239073

Amount of Each Receipt this Period
500.00

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

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. William Joseph Frohna

Mailing Address
9908 Juniper Hill Rd

City State Zip Code
Rockville MD 20850-5426

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

Name of Employer Occupation
Union Mem Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2006

Transaction ID: 18239075

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. David L Stewart

Mailing Address
1763 Mill Wood Way

City State Zip Code
Suffolk VA 23434-2348

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

Name of Employer Occupation
Roanoke Chowan Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1475.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2006

Transaction ID: 18239077

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
Dr. John Dennis Broderick, Jr

Mailing Address
15 Fenimore PI

City State Zip Code
Gansevoort NY 12831-1476

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

Name of Employer Occupation
Med Dir of Emer Svc Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
12 / 18 / 2006

Transaction ID: 18239079

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) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 41 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Gina M Abbruzzi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 2123 River Chase Dr		Transaction ID: 18239080	
City Eden	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 27288-9463		FEC ID number of contributing federal political committee. C	
Name of Employer Morehead Memorial Hosp	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) B. Dr. Geoffrey M Crockett		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 8793 Sutton Way		Transaction ID: 18239084	
City Salt Lake City	State UT	Amount of Each Receipt this Period 100.00	
Zip Code 84121-6103		FEC ID number of contributing federal political committee. C	
Name of Employer EPIC	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 250.00			

Full Name (Last, First, Middle Initial) C. Dr. Christopher J Flynn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 875 Woodland Dr		Transaction ID: 18239085	
City Santa Barbara	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 93108-1848		FEC ID number of contributing federal political committee. C	
Name of Employer Santa Barbara Ctg Hosp	Occupation Emergency Physician	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Aggregate Year-to-Date ▼ 550.00			

SUBTOTAL of Receipts This Page (optional) ▶	400.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial) Dr. Susan A Stephens		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 13510 Brentwood Ln		Transaction ID: 18239086	
City State Zip Code Carmel IN 46033-9488	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer St Vincent Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

B. Full Name (Last, First, Middle Initial) Dr. David C Prickett, Jr		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 13822 Shadow Run		Transaction ID: 18239087	
City State Zip Code Kearney MO 64060-8926	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Liberty Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

C. Full Name (Last, First, Middle Initial) Dr. Carol Talley Burger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 101 Willow Point Way		Transaction ID: 18239088	
City State Zip Code Easley SC 29642-8272	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Greenville Memorial Hosp, ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Renee M Nilan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 8475 Michael David Dr		Transaction ID: 18239117	
City Saginaw	State MI	Amount of Each Receipt this Period 1000.00	
Zip Code 48603-8665			
FEC ID number of contributing federal political committee. C			
Name of Employer Covenant Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. David S Davis		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 176 N Brentwood Blvd		Transaction ID: 18239118	
City Saint Louis	State MO	Amount of Each Receipt this Period 100.00	
Zip Code 63105-3741			
FEC ID number of contributing federal political committee. C			
Name of Employer David S Davis, MD JD FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Dr. Alan Richard Givertz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 0 6	
Mailing Address 10155 N Edgewood Dr		Transaction ID: 18239119	
City Fresno	State CA	Amount of Each Receipt this Period 500.00	
Zip Code 93720-3423			
FEC ID number of contributing federal political committee. C			
Name of Employer Alan Richard Givertz, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	1600.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Andrew Louis Walshak

Mailing Address
17 Gereg Glen Rd

City State Zip Code
Brookfield CT 06804-1054

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

Name of Employer Danbury Hosp Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 6

Transaction ID: 18239120

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. David S Diamond

Mailing Address
5224 Sun Meadow Dr

City State Zip Code
Flower Mound TX 75022-5680

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

Name of Employer Baylor Med Ctr 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
1 2 / 0 6 / 2 0 0 6

Transaction ID: 18239123

Amount of Each Receipt this Period
150.00

C. Full Name (Last, First, Middle Initial)
Dr. Jarrad Neil Lifshitz

Mailing Address
3737 Ashworth Dr Unit B

City State Zip Code
Cincinnati OH 45208-1825

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

Name of Employer Jarrad Neil Lifshitz, MD Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 0 6 / 2 0 0 6

Transaction ID: 18239125

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	▶	550.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Vicken Y Totten		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 14500 Southpark Blvd		Transaction ID: 18239128
City Shaker Heights	State OH	Zip Code 44120-1330
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Univ Hosp of Cleveland	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Dr. Allan W Dale		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 447 Paradise Point		Transaction ID: 18239133
City Signal Mountain	State TN	Zip Code 37377-7753
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Chattanooga Emerg Phys Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Dr. Mark Rainer Pierce		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 0 6 / 2 0 0 6
Mailing Address 1856 Zion Church Rd		Transaction ID: 18239135
City Mauertown	State VA	Zip Code 22644-2808
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 250.00	
Name of Employer Warren Mem Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	▶	600.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Alex D Antalis

Mailing Address
11121 Shiregreen Ln

City State Zip Code
Ft Wayne IN 46814-9323

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

Name of Employer Occupation
Parkview Memorial Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2006

Transaction ID: 18239138

Amount of Each Receipt this Period
1000.00

B. Full Name (Last, First, Middle Initial)
Dr. Paul T David

Mailing Address
3507 Chuparosa Dr

City State Zip Code
Santa Barbara CA 93105-2614

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

Name of Employer Occupation
Los Robles Reg Med Ctr ED Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 06 / 2006

Transaction ID: 18239140

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Ramon W Johnson

Mailing Address
26921 La Alameda # 3222

City State Zip Code
Mission Viejo CA 92691-7374

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

Name of Employer Occupation
Mission Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1100.00

Date of Receipt
MM / DD / YYYY
12 / 08 / 2006

Transaction ID: 18239196

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Robert Lewis Dickson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 512 Noel Dr		Transaction ID: 18239217
City State Zip Code Longview TX 75602-1814	Amount of Each Receipt this Period 365.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Robert Lewis Dickson, MD	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) B. Dr. Bill Harshbarger		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address W301 N 3252 Windrush Cir		Transaction ID: 18239219
City State Zip Code Pewaukee WI 53072	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		
Name of Employer W Allis Mem Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Dr. Manuel E Lopez Diaz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address 3103 SW 156th PI		Transaction ID: 18239221
City State Zip Code Miami FL 33185-4920	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		
Name of Employer Manuel E Lopez Diaz, MD, FACEP	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

SUBTOTAL of Receipts This Page (optional) ▶	965.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. Gary Figge

Mailing Address
8039 N Tuscany Dr

City State Zip Code
Tucson AZ 85742-4348

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

Name of Employer Occupation
NW Med Ctr Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18239223

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Dr. Michael S Lippe

Mailing Address
40 Hutton Dr

City State Zip Code
Mahwah NJ 07430-2986

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

Name of Employer Occupation
Good Samaritan Hosp Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18239226

Amount of Each Receipt this Period
250.00

C. Full Name (Last, First, Middle Initial)
Dr. Philip M Shultz

Mailing Address
9202 Waterside St # 202

City State Zip Code
Middleton WI 53562-5086

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

Name of Employer Occupation
Madison Emer Phys Emergency Physician

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
12 / 07 / 2006

Transaction ID: 18239230

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)	800.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial)
Dr. David Neil DuBois

Mailing Address
51 Abbottsford Dr

City State Zip Code
Pinehurst NC 28374-9757

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

Name of Employer Sandhills Emerg Phys Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 15 / 2006

Transaction ID: 18239239

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Dr. Carter D Hill

Mailing Address
6805 SE 32nd St

City State Zip Code
Mercer Island WA 98040-2555

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

Name of Employer Holland American & Windster Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 15 / 2006

Transaction ID: 18239241

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Shabbir Kanji

Mailing Address
6726 Keating Ave

City State Zip Code
Lincolnwood IL 60712-3306

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

Name of Employer Good Shepherd Hosp ED Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt
M M / D D / Y Y Y Y
12 / 15 / 2006

Transaction ID: 18239243

Amount of Each Receipt this Period
365.00

SUBTOTAL of Receipts This Page (optional)	965.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 50 / 69						
	(check only one)							
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

Full Name (Last, First, Middle Initial) A. Dr. Brian Patrick Lowry		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 3641 Springs Rd NE		Transaction ID: 18239244	
City Hickory	State NC	Amount of Each Receipt this Period 250.00	
Zip Code 28601-7783		Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Carteret Gen Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

Full Name (Last, First, Middle Initial) B. Dr. Timothy Grant McNaughton		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address 1617 W Olive Ave		Transaction ID: 18239245	
City Redlands	State CA	Amount of Each Receipt this Period 50.00	
Zip Code 92373-4841		Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Loma Linda University	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Jeffrey B Thompson		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6	
Mailing Address PO Box 12779		Transaction ID: 18239248	
City Beaumont	State TX	Amount of Each Receipt this Period 750.00	
Zip Code 77726-2779		Amount of Each Receipt this Period 750.00	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 750.00	
Name of Employer Christus St Elizabeth Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850.00		

SUBTOTAL of Receipts This Page (optional)	1050.00
TOTAL This Period (last page this line number only)	1050.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Andrew I Bern		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 9846 NW 18th St		Transaction ID: 18239250	
City Coral Springs	State FL	Amount of Each Receipt this Period 83.00	
Zip Code 33071-5826			
FEC ID number of contributing federal political committee. C			
Name of Employer Inphynet Team Hlth	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 839.00		

Full Name (Last, First, Middle Initial) B. Dr. Dina Esterowitz		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 251 Glen Oban Dr		Transaction ID: 18239252	
City Arnold	State MD	Amount of Each Receipt this Period 250.00	
Zip Code 21012-2110			
FEC ID number of contributing federal political committee. C			
Name of Employer Anne Arundel Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr. Gene Ma		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 8041 Calle Pinon		Transaction ID: 18239256	
City Carlsbad	State CA	Amount of Each Receipt this Period 200.00	
Zip Code 92009-6969			
FEC ID number of contributing federal political committee. C			
Name of Employer Tri City Emerg Med Gp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

SUBTOTAL of Receipts This Page (optional) ▶	533.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. John Cyrus Moghtader		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 251 Glen Oban Dr		Transaction ID: 18239257	
City Arnold	State MD	Zip Code 21012-2110	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Anne Arundel Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00		

Full Name (Last, First, Middle Initial) B. Dr. Damon J Negri		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 47 Clearwater Dr		Transaction ID: 18239259	
City Dover	State NH	Zip Code 03820-9109	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Portsmouth Regl Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) C. Dr. Robert J Tubbs		Date of Receipt M M / D D / Y Y Y Y 1 2 / 1 8 / 2 0 0 6	
Mailing Address 21 Hines Rd		Transaction ID: 18239263	
City Cumberland	State RI	Zip Code 02864-6179	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Rhode Island Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Dan Donnell		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 2804 Cactus Dr		Transaction ID: 18239264	
City Edmond	State OK	Zip Code 73013-7936	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer Midwest City Regional Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

B. Full Name (Last, First, Middle Initial) Dr. Edwidge Eugene		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 5619 Mirador Cir		Transaction ID: 18239265	
City Shreveport	State LA	Zip Code 71119-4009	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Springhill Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Dr. Gary Figge		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 8039 N Tuscany Dr		Transaction ID: 18239266	
City Tucson	State AZ	Zip Code 85742-4348	Amount of Each Receipt this Period 150.00
FEC ID number of contributing federal political committee. C			
Name of Employer NW Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	900.00
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Charles C Hartness		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 645 Pulaski St		Transaction ID: 18239267	
City Athens	State GA	Amount of Each Receipt this Period 200.00	
Zip Code 30601-2348			
FEC ID number of contributing federal political committee. C			
Name of Employer Regional FirstCare	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

B. Full Name (Last, First, Middle Initial) Dr. Gloria J Kuhn		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 30062 White Hall Dr		Transaction ID: 18239269	
City Farmington Hls	State MI	Amount of Each Receipt this Period 300.00	
Zip Code 48331-1994			
FEC ID number of contributing federal political committee. C			
Name of Employer Med Ctr Emer Svcs	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

C. Full Name (Last, First, Middle Initial) Dr. Jeff Peter Vista		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 165 Bermuda Cir		Transaction ID: 18239274	
City Niceville	State FL	Amount of Each Receipt this Period 200.00	
Zip Code 32578			
FEC ID number of contributing federal political committee. C			
Name of Employer HQ AFSOC/SGOH	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional) ▶	700.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Suzanne Ruth White		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 1 / 2 0 0 6	
Mailing Address 23701 Wilmarth St		Transaction ID: 18239276	
City Farmington	State MI	Zip Code 48335-3566	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C			
Name of Employer Detroit Receiving Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Dr. Craig D Boone		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 23845 State Rd 37 N		Transaction ID: 18239277	
City Noblesville	State IN	Zip Code 46060-6960	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer EMGI	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Dr. Gregory Cannon		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 129 Loch Pointe Dr		Transaction ID: 18239278	
City Cary	State NC	Zip Code 27518-8418	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Wake Emerg Phys	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

SUBTOTAL of Receipts This Page (optional)	1750.00
TOTAL This Period (last page this line number only)	(Empty box)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Kent Isaac Cohen		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 485 Londonberry Rd		Transaction ID: 18239279	
City Atlanta	State GA	Zip Code 30327-4951	Amount of Each Receipt this Period 75.00
FEC ID number of contributing federal political committee. C			
Name of Employer Kent Isaac Cohen, MD, FAC-EP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00		

Full Name (Last, First, Middle Initial) B. Dr. Brian J Kelly		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 8 / 2 0 0 6	
Mailing Address 15 Miscoe Brook Dr		Transaction ID: 18239280	
City Wrentham	State MA	Zip Code 02093-1840	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer Sturdy Memorial Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) C. Dr. Amy S Archer Uyenishi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 21387 Prescott Ct		Transaction ID: 18247125	
City Kildeer	State IL	Zip Code 60047-8859	Amount of Each Receipt this Period 83.33
FEC ID number of contributing federal political committee. C			
Name of Employer Resurrection Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

SUBTOTAL of Receipts This Page (optional) ▶	408.33
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Brien Alfred Barnewolt		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 68 Greenlawn Ave		Transaction ID: 18247126
City Newton	State Zip Code MA 02459-1714	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer New England Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

Full Name (Last, First, Middle Initial) B. Dr. Frederick C Blum		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1470 Point Marion Rd		Transaction ID: 18247127
City Morgantown	State Zip Code WV 26508-1454	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer RCB-HSC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 917.99	

Full Name (Last, First, Middle Initial) C. Dr. Keith Thomas Borg		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 145 Oyster Point Row		Transaction ID: 18247130
City Charleston	State Zip Code SC 29412-3632	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Med Univ of SC	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	▶	266.66
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address
5129 N Saddle Rock Ln

City State Zip Code
Phoenix AZ 85018-1828

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

Name of Employer
EMPower Emerg Phys PC

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18247131

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Clifford Erickson

Mailing Address
5309 Ellington Ct

City State Zip Code
Newburgh IN 47630-3170

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

Name of Employer
Clifford Erickson, MD, FA-CEP

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18247132

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
Dr. Diana L Fite

Mailing Address
PO Box 2029

City State Zip Code
Waller TX 77484-2029

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

Name of Employer
Meth Willowbrook Hosp ED

Occupation
Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
320.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18247133

Amount of Each Receipt this Period
90.00

SUBTOTAL of Receipts This Page (optional)	230.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 59 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Kelly Foley		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 1133 Pond Cypress Dr		Transaction ID: 18247134	
City Virginia Bch	State VA	Zip Code 23455-6859	Amount of Each Receipt this Period 85.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Phys of Tidewater	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 755.00		

Full Name (Last, First, Middle Initial) B. Dr. Marsha D Ford		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 6836 Alexander Rd		Transaction ID: 18247135	
City Charlotte	State NC	Zip Code 28270-2804	Amount of Each Receipt this Period 41.67
FEC ID number of contributing federal political committee. C			
Name of Employer Carolinas Med Ctr ED	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 797.01		

Full Name (Last, First, Middle Initial) C. Dr. Michael Joseph Gerardi		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 29 Heritage Ct		Transaction ID: 18247136	
City Randolph	State NJ	Zip Code 07869-3534	Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer Emergency Medical Associates	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 775.00		

SUBTOTAL of Receipts This Page (optional) ▶	226.67
TOTAL This Period (last page this line number only) ▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 60 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dr. Mylissa Amy Graber		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3100 N Ocean Blvd # 1405		Transaction ID: 18247137	
City Ft Lauderdale	State FL	Amount of Each Receipt this Period 100.00	
Zip Code 33308-7191		FEC ID number of contributing federal political committee. C	
Name of Employer Coral Springs Med Ctr	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) B. Dr. Andrea L Green		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 5 Twin Springs Dr		Transaction ID: 18247138	
City Arlington	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 76016-4027		FEC ID number of contributing federal political committee. C	
Name of Employer Andrea L Green, MD, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00		

Full Name (Last, First, Middle Initial) C. Dr. Daniel G Hankins		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 9652 55th Ave NW		Transaction ID: 18247140	
City Oronoco	State MN	Amount of Each Receipt this Period 100.00	
Zip Code 55960-2218		FEC ID number of contributing federal political committee. C	
Name of Employer Mayo Clinic	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 / 69
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Alan Joseph		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 14855 Tyler Mill Ct		Transaction ID: 18247142	
City Haymarket	State VA	Amount of Each Receipt this Period 100.00	
Zip Code 20169-2628			
FEC ID number of contributing federal political committee. C			
Name of Employer Jeffrey Alan Joseph, DO, FACEP	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) B. Dr. Jay Kaplan		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 300 Oak Ave		Transaction ID: 18247143	
City San Anselmo	State CA	Amount of Each Receipt this Period 100.00	
Zip Code 94960-2703			
FEC ID number of contributing federal political committee. C			
Name of Employer CA Emerg Phys Med Grp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 910.00		

Full Name (Last, First, Middle Initial) C. Dr. Scott Jason Korvek		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 240 Beverly Rd		Transaction ID: 18247144	
City Pittsburgh	State PA	Amount of Each Receipt this Period 100.00	
Zip Code 15216-1462			
FEC ID number of contributing federal political committee. C			
Name of Employer Allegheny Gen Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. William Alan May		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 515 Overlook Terr		Transaction ID: 18247145
City Cumberland	State MD	Zip Code 21502-1815
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 83.33
Name of Employer Sacred Heart Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 283.33	

Full Name (Last, First, Middle Initial) B. Dr. Michelle Marie McLean		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 13876 Hearthstone Ln		Transaction ID: 18247147
City Hartland	State MI	Zip Code 48353-3145
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Saginaw Cooperative Hosp	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) C. Dr. Jacob Mark Meredith, III		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1231A Rt 532		Transaction ID: 18247148
City Chatsworth	State NJ	Zip Code 08019-9711
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Comm Med Ctr ED	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional)	283.33
TOTAL This Period (last page this line number only)	(Empty box)

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 / 69
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A. Full Name (Last, First, Middle Initial)
Dr. David L Meyers

Mailing Address
2301 Ken Oak Rd

City State Zip Code
Baltimore MD 21209-4421

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

Name of Employer EmCare Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18247149

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Dr. Jeffrey R Nickel

Mailing Address
2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

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

Name of Employer Professional Emerg Phys Inc Occupation Emergency Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18247150

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Dr. Lee E Payne

Mailing Address
904 Luke St

City State Zip Code
Travis Afb CA 94535-1354

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

Name of Employer David Grant 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
1 2 / 2 9 / 2 0 0 6

Transaction ID: 18247151

Amount of Each Receipt this Period
83.33

SUBTOTAL of Receipts This Page (optional)	283.33
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Full Name (Last, First, Middle Initial) Dr. Mark R Riser		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 108 Balsamwood Ct		Transaction ID: 18247152
City State Zip Code Cary NC 27513-3456	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Duke Univ Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B. Full Name (Last, First, Middle Initial) Dr. David William Ross		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 15340 Raton Rd		Transaction ID: 18247154
City State Zip Code Colorado Spgs CO 80921-2140	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Front EM Specialties Inc	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 749.99	

C. Full Name (Last, First, Middle Initial) Dr. Curtis Clinton Sandy		Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 0 6
Mailing Address 1711 Bachelor Cir		Transaction ID: 18247155
City State Zip Code Pocatello ID 83201-2265	Amount of Each Receipt this Period 83.33	
FEC ID number of contributing federal political committee. C		
Name of Employer Portneuf Med Ctr	Occupation Emergency Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	

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) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 / 69
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Dr. Robert C Solomon		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 214 Briar Path		Transaction ID: 18247156	
City Imperial	State PA	Amount of Each Receipt this Period 83.33	
Zip Code 15126-9686			
FEC ID number of contributing federal political committee. C			
Name of Employer East Ohio Reg Hosp	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.02		

Full Name (Last, First, Middle Initial) B. Mr Gordon Wheeler		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address ACEP 2121 K St NW Ste 325		Transaction ID: 18247157	
City Washington	State DC	Amount of Each Receipt this Period 83.33	
Zip Code 20037-1886			
FEC ID number of contributing federal political committee. C			
Name of Employer Gordon Wheeler	Occupation FEC		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99		

Full Name (Last, First, Middle Initial) C. Dr. Ira R Nemeth		Date of Receipt M M / D D / Y Y Y Y Y 1 2 / 2 9 / 2 0 0 6	
Mailing Address 3225 Turtle Creek Blvd Apt 134		Transaction ID: 18381989	
City Dallas	State TX	Amount of Each Receipt this Period 100.00	
Zip Code 75219-5457			
FEC ID number of contributing federal political committee. C			
Name of Employer Ira R Nemeth, MD	Occupation Emergency Physician		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	266.66
TOTAL This Period (last page this line number only)	44317.96

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 / 69
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. SMITH BARNEY		Date of Receipt M M / D D / Y Y Y Y 1 1 / 3 0 / 2 0 0 6
Mailing Address 1050 CONNECTICUT AVE NW		Transaction ID: 17887250
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 781.65
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12377.48	

Full Name (Last, First, Middle Initial) B. SMITH BARNEY		Date of Receipt M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 0 6
Mailing Address 1050 CONNECTICUT AVE NW		Transaction ID: 18404076
City	State	Zip Code
WASHINGTON	DC	20036
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1107.98
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 13485.46	

SUBTOTAL of Receipts This Page (optional)	▶	1889.63
TOTAL This Period (last page this line number only)	▶	1889.63

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

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

FOR LINE NUMBER: (check only one)

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

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

Full Name (Last, First, Middle Initial) A. Ben Cardin For Senate		Transaction ID: 17905365 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address 38 Ivy Street, SE		Amount of Each Disbursement this Period -3000.00
City Washington State DC Zip Code 20003	Void - Ben Cardin For Senate	
Purpose of Disbursement Void - Ben Cardin For Senate		
Candidate Name Ben Cardin		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2006 General	

Full Name (Last, First, Middle Initial) B. Texans For Senator John Cornyn Inc		Transaction ID: 18053989 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 4 / 2 0 0 6
Mailing Address 6850 Austin Centre Blvd Suite 180		Amount of Each Disbursement this Period 2000.00
City Austin State TX Zip Code 78731	Void - Ben Cardin For Senate	
Purpose of Disbursement		
Candidate Name Sen. John Cornyn		011 Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 2	Disbursement For: 2003 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ 2008 Primary	

Full Name (Last, First, Middle Initial) C. Rocky Mountain PAC		Transaction ID: 18069389 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 9 / 2 0 0 6
Mailing Address 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002	Void - Ben Cardin For Senate	
Purpose of Disbursement		
Candidate Name		011 Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
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 68 / 69

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

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

Full Name (Last, First, Middle Initial) A. VINE PAC		Transaction ID: 18069391 Date of Disbursement
Mailing Address 236 Massachusetts Avenue, NE Suite 508		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Washington	State DC	Zip Code 20002
Purpose of Disbursement	<input type="text" value="1000.00"/>	
Candidate Name	<input type="text" value="011"/> Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Abercrombie For Congress		Transaction ID: 18243367 Date of Disbursement
Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>
City Honolulu	State HI	Zip Code 96814
Purpose of Disbursement Void - Abercrombie For Congress	<input type="text" value="-2500.00"/>	
Candidate Name Rep. Neil Abercrombie	<input type="text" value="011"/> Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: HI District: 1	2006 General	

Void - Abercrombie For Congress

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

PAGE 69 / 69

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

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

Full Name (Last, First, Middle Initial) A. CHASE BANK		Transaction ID: 17887122																					
Mailing Address 545 EAST JOHN CARPENTER FRWY		Date of Disbursement																					
City IRVING State TX Zip Code 75062		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">1205.13</td> </tr> </table>		1205.13																			
1205.13																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		001		Category/Type																	
001																							
Category/Type																							

Full Name (Last, First, Middle Initial) B. CHASE BANK		Transaction ID: 18404074																					
Mailing Address 545 EAST JOHN CARPENTER FRWY		Date of Disbursement																					
City IRVING State TX Zip Code 75062		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>3</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	3	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	3	1	/	2	0	0	6														
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td colspan="10">375.42</td> </tr> </table>		375.42																			
375.42																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																					
State: District:		<table border="1"> <tr> <td colspan="2">001</td> </tr> <tr> <td colspan="2">Category/Type</td> </tr> </table>		001		Category/Type																	
001																							
Category/Type																							

SUBTOTAL of Disbursements This Page (optional) ►

1580.55

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

1580.55