04/18/2007 15:17

Image# 27930644978

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		roi Other Than Ai	i Authorizea C	Johnnillee			Office Use Or	nly
1.	NAME OF COMMITTEE (in full)	USE FEC MAILING LA OR TYPE OR PRINT		ole:If typing, typ ne lines	e			
L	National Emergency Medicin	e Political Action Commit	tee					
Ш								
AD	DRESS (number and street)	1125 Executive Circl	e 					
Г	Check if different							
	than previously reported. (ACC)	Irving			⊔ L	TX	75038	
2.	FEC IDENTIFICATION NUM	MBER ▼	CITY A		ST	TATE 🛋	ZIPO	CODE A
	C00140061		3. IS THIS REPORT	NEW (N)	OR		MENDED A)	
4.	TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May	20 (M5)	Aug	g 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:		Mar 20 (M3)	Jun :	20 (M6)	Sep	o 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 15		Apr 20 (M4)	Jul 2	20 (M7)	Oc	t 20 (M10)	Jan 31 (YE)
	Quarterly Report(C	(c) 12-Day		rimary (12P)		General	(12G)	Runoff (12R)
	July 15 Quarterly Report(C	) `		H		General	(120)	Hulloll (12H)
	October 15 Quarterly Report(C	Report for	the: Co			Special (12G)		
	X January 31 Quarterly Report(Y	Œ)	Election on			•	in tl Sta	ne te of
	July 31 Mid-Year Report(Non-election Year Only) (MY)	Post -Elec		eneral (30G)		Runoff (	30R)	Special (30S)
	Termination Repor (TER)	t '	Election on				in tl Sta	ne te of
5.	Covering Period 1	1 28 200	) 6	through	12	3 1	2006	
I ce	ertify that I have examined this			d belief it is true	, correct an	d complete		
Тур	be or Print Name of Treasurer	Dean Wilkerson, M	BA,JD					
Sig	nature of Treasurer Electro	onically Filed by Dean V	Vilkerson, MBA,JE	)	_ Dat	e 04	18	2007
NO	TE : Submission of false, erro	neous, or incomplete info	rmation may subje	ct the person s	igning this I	Report to th	e penalties of 2	U.S.C 437g.
	Office Use						FEC FC	ORM 3X

FEC Form 3X (Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS
Page 2

rt Covering the Period: From:	28 2006	To: 12 31 2006
-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
Cash on Hand January 1  Y2006		338268.79
Cash on Hand at Begining of Reporting Period	334841.35	
Total Receipts (from Line 19)	80254.24	664297.96
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
tal Disbursements (from Line 31)	180.55	587651.71
sh on Hand at Close of		
. •	414915.04	414915.04
bts and Obligations owed TO		
,	0.00	
committee (Itemize all on	0.00	
	Cash on Hand January 1  Cash on Hand at Begining of Reporting Period  Total Receipts (from Line 19)  Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)  tal Disbursements (from Line 31)  sh on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))  buts and Obligations owed committee (Itemize all on hedule C and/or Schedule D)	Cash on Hand January 1  Cash on Hand at Begining of Reporting Period

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

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

## DETAILED SUMMARY PAGE OF RECEIPTS

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

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

м м 1 1 <sup>D</sup> 2<sup>B</sup>

<sup>Y</sup> 2 0 0 6

To.

м м 1 2 <sup>D</sup> 3 1

<sup>Y</sup> 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:  (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	44317.96	277810.09
	(ii) Unitemized	34046.65	373002.41
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	78364.61	650812.50
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	78364.61	650812.50
2.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
٠.	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
Operating Expenditures:     (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share		
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	0.00	0.00
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	1500.00	F01700.00
and Other Political Committees	-1500.00	581700.00
. Independent Expenditure (use Schedule E)	0.00	0.00
Coordinated Expenditures Made by Party		
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	100.00	550.00
Than Political Committees	100.00	330.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	0.00	0.00
(such as PACs)(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))	100.00	550.00
Other Disbursements	1580.55	5401.71
. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity		
(from Schedule H6)		
(i) Federal Share	0.00	0.00
	0.00	0.00
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	180.55	587651.71
Total Fodoval Diabuwa are set-		
Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii)		
from Line 31)	180.55	587651.71
	100.00	357 35111

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
otal Contributions (other than loans) rom Line 11(d), page 3)	78364.61	650812.50
 otal Contribution Refunds from Line 28(d))	100.00	550.00
let Contributions (other than loans) subtract Line 34 from Line 33)	78264.61	650262.50
otal Federal Operating Expenditures add Line 21(a)(i) and Line 21(b))	0.00	0.00
Offsets to Operating Expenditures from Line 15, page 3)	0.00	0.00
et Operating Expenditures subtract Line 37 from Line 36)	0.00	0.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 1	7
Ar	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	nmittee		
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Ellen Jean Westdorp  Mailing Address  1931 Deerwood Trl  City  Mosinee  FEC ID number of contributing federal political committee.  Name of Employer Ellen Jean Westdorp, MD, FACEP  Receipt For: Primary General Other (specify)   Full Name (Last, First, Middle Initial)		Zip Code 54455-8076  n cy Physician Year-to-Date ▼ 365.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	]
3.	Dr. Lynda Gail Gray  Mailing Address  2896 W Kensington Ln  City Fresno  FEC ID number of contributing federal political committee.  Name of Employer Kaiser Permanente Hosp  Receipt For:  Primary General Other (specify) ▼		Zip Code 93711-1159 n cy Physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	]
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. W Ravindran Mailing Address  1012 Sheila Dr City Toms River  FEC ID number of contributing federal political committee.  Name of Employer Comm Med Ctr ED  Receipt For: Primary General Other (specify)		Zip Code 08753-3522  n cy Physician Year-to-Date ▼ 800.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	]
s	UBTOTAL of Receipts This Page (optional)		·····	1065.00	
T	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\rangle$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	nmittee	
/_ А.	Full Name (Last, First, Middle Initial) Dr. Joseph T McCaslin  Mailing Address  16402 Ridgemont St  City Omaha  FEC ID number of contributing federal political committee.  Name of Employer Meth Hosp  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. Shane Edward Zatkalik  Mailing Address  737 E Bethel School Rd  City Coppell		Zip Code 68136-4020  n cy Physician Pyear-to-Date ▼  600.00  Zip Code 75019-4188	Date of Receipt    M M
	FEC ID number of contributing federal political committee.  Name of Employer Shane Edward Zatkalik, MD  Receipt For:  □ Primary □ General  Other (specify) ▼		n cy Physician Year-to-Date ▼	200.00
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Marian Bednar  Mailing Address  737 E Bethel School Rd  City  Coppell  FEC ID number of contributing federal political committee.  Name of Employer Marian Bednar, MD, FACEP  Receipt For:  Primary General Other (specify)		Zip Code 75019-4188  n cy Physician Year-to-Date ▼ 715.00	Date of Receipt  M M M / 29 / 2006  Transaction ID: 17879069  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)		······•	950.00
T	OTAL This Period (last page this line number on	lv)	<b>&gt;</b>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 69
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED HEOLII 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	information and transmit Departs and Ch			13 14 15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee	
$\angle$				1
Α.	Full Name (Last, First, Middle Initial) Dr. Reginald H Warren, Jr			Date of Receipt
Λ.	Mailing Address			M M / D D / Y Y Y Y
	2792 Wolf Club Ct			11 29 2006
	City	State	Zip Code	Transaction ID: 17879073
	Atlanta	GA	30349-8708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
		10		
	Name of Employer Emory University	Occupation	n cy Physician	
	Receipt For:		e Year-to-Date ▼	$\dashv$
	Primary General	riggregate	Tour to Bate V	
	Other (specify) ▼	l	250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Charles Niziol			Date of Receipt
٥.	Mailing Address			M M / D D / Y Y Y Y
	2815 Kings Forest Dr			11 30 2006
	City	State	Zip Code	Transaction ID: 17879082
	Kingwood	TX	77339-2450	Amount of Each Receipt this Period
	FEC ID number of contributing	C		100.00
	federal political committee.			100.00
	Name of Employer Uvalde Mem. Hosp	Occupation	n	7
	Uvalde Mem. Hosp	Emergen	cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		350.00	
	Other (specify)		000.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Thomas W Graber			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	29360 Lake Rd			11 29 2006
	City	State	Zip Code	Transaction ID: 17879409
	Bay Village	OH	44140-1321	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Team Health Midwest				
		Occupation		
			cy Physician	4
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼	
	Other (specify)		465.00	
		0 0		1
Г				
s	UBTOTAL of Receipts This Page (optional)			450.00
$\vdash$	. 5 ,			
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 69 (check only one)  X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Frederick C Blum Mailing Address  1470 Point Marion Rd City Morgantown FEC ID number of contributing federal political committee.  Name of Employer RCB-HSC	State WV C Occupation	Zip Code 26508-1454	Date of Receipt  M M M / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Receipt For: Primary General Other (specify)		y Year-to-Date ▼  834.66	
3.	Full Name (Last, First, Middle Initial) Dr. Michael C Christopher  Mailing Address  5129 N Saddle Rock Ln  City Phoenix  FEC ID number of contributing federal political committee.  Name of Employer EMPower Emerg Phys PC  Receipt For: Primary General Other (specify)		Zip Code 85018-1828  n cy Physician Year-to-Date ▼ 1200.00	Date of Receipt  M M M / 29 / 2006  Transaction ID: 17879419  Amount of Each Receipt this Period  100.00
<b></b>	Full Name (Last, First, Middle Initial) Dr. Clifford Erickson  Mailing Address  5309 Ellington Ct  City  Newburgh  FEC ID number of contributing federal political committee.  Name of Employer Clifford Erickson, MD, FA-CEP  Receipt For:  Primary General Other (specify)		Zip Code 47630-3170  n cy Physician Perento-Date ▼ 280.00	Date of Receipt  M M M / 29 / 2006  Transaction ID: 17879420  Amount of Each Receipt this Period  40.00
s	UBTOTAL of Receipts This Page (optional)		<b>)</b>	223.33
т	OTAL This Period (last page this line number on	lv)	<b>)</b>	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 69 (check only one)    X
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	mittee	
۹.	Full Name (Last, First, Middle Initial) Dr. William Basil Felegi			Date of Receipt
	Mailing Address 731 Red Lion Way			11 29 2006
	City	State	Zip Code	Transaction ID: 17879422
	Bridgewater F50 ID and the second sec	NJ	08807-1668	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Morristown Mem Hosp ED	Occupation Emergend	ı cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. Diana L Fite			Date of Receipt
	Mailing Address PO Box 2029			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 17879423
	Waller	TX	77484-2029	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer Meth Willowbrook Hosp ED	Occupation Emergend	oy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		230.00	
).	Full Name (Last, First, Middle Initial) Dr. Kelly Foley			Date of Receipt
	Mailing Address	-		11 29 2006
	1133 Pond Cypress Dr City	State	Zip Code	Transaction ID: 17879425
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		85.00
Emergency Phys of Tidewat-		Occupation Emergend	cy Physician	
	er Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	670.00	
s	UBTOTAL of Receipts This Page (optional)			425.00
	. 5 (17			

SCHEDULE A (FEC Form 3X)			Llos concrete cobodulo(s)	FOR LINE NUMBER: PAGE 11 / 69		
	•		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			2 otaliou Gaillinary i ago	13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any personers of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\ }$	NAME OF COMMITTEE (In Full)					
$\rangle$	National Emergency Medicine Political Ad	ction Com	mittee			
۹.	Full Name (Last, First, Middle Initial) Dr. Marsha D Ford			Date of Receipt		
	Mailing Address 6836 Alexander Rd			11 29 7 2006		
	City	State	Zip Code	Transaction ID: 17879426		
	Charlotte	NC	28270-2804	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		41.67		
	Carolinas Méd Ctr ED		cy Physician			
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 755.34			
3.	Full Name (Last, First, Middle Initial) Dr. Michael Joseph Gerardi			Date of Receipt		
	Mailing Address	M M / D D / Y Y Y Y				
	29 Heritage Ct	11 29 2006				
	City	State	Zip Code	Transaction ID: 17879427		
	Randolph	NJ	07869-3534	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		100.00		
	Name of Employer Emergency Medical Associa-	Occupation		7		
	tes	Emergeno	cy Physician			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General  Other (specify) ▼		675.00			
).	Full Name (Last, First, Middle Initial) Dr. Andrea L Green			Date of Receipt		
	Mailing Address 5 Twin Springs Dr			11 29 7 2006		
	City	State	Zip Code	Transaction ID: 17879429		
	Arlington	TX	76016-4027	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.			100.00		
	Andrea I Green MD FACED	Occupation Emergend	cy Physician			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		700.00			
s	UBTOTAL of Receipts This Page (optional)			241.67		

20	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 12/69
			Use separate schedule(s) or each category of the	(check only one)	
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b	11c   12
			Detailed Guillinary Fage	13 14	15   16   17
An	y information copied from such Reports and State	ements may	not be sold or used by any perso	n for the purpose of solic	iting contributions
or	for commercial purposes, other than using the na	me and ado	lress of any political committee to	solicit contributions from	such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)				
$\rangle$	National Emergency Medicine Political A	ction Com	mittee		
	Full Name (Last, First, Middle Initial)				
۹.	Dr. Daniel G Hankins			Date of Receipt	
	Mailing Address			M M / D D	/ Y Y Y Y
	9652 55th Ave NW			11 29	
	City	State	Zip Code	Transaction ID: 17	7879432
	Oronoco	MN	55960-2218	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C		0 0 0	100.00
	Name of Employer Mayo Clinic	Occupation	n cy Physician		
	Receipt For:		Year-to-Date ▼	_	
	Primary General	riggrogato	Tour to Buto V	1	
	Other (specify) ▼		300.00		
			0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
<b>3</b> .	Dr. Ramon W Johnson			Date of Receipt	
	Mailing Address	11 29	2006		
	26921 La Alameda # 322				
	•	Transaction ID: 17			
	Mission Viejo	CA	92691-7374	Amount of Each Re	eceipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				
	Name of Employer	Occupation	1		
	Mission Hosp	Emergen	cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	1 1	1000.00	1	
	Other (specify) ▼		1000.00		
_	Full Name (Last, First, Middle Initial)			Date of Decision	
Ĵ.	Dr. Jeffrey Alan Joseph			Date of Receipt	
	Mailing Address 14855 Tyler Mill Ct			11 29	2006
	City	State	Zip Code	Transaction ID: 17	
	Haymarket	VA	20169-2628	Amount of Each Re	
	•	V/\	20103 2020	Amount of Lacif Ne	eceipt tills Fellou
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer Jeffrey Alan Joseph, DO,	Occupation	1		
	FACEP		cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		1100.00		
	Other (specify)		1100.00		
SI	UBTOTAL of Receipts This Page (optional)				700.00
	COLOTAL OF HOCOIPES THIS Lage (optional)		······		
T	OTAL This Period (last page this line number onl	y)	<b>&gt;</b>		

SCHEDULE A (FEC ITEMIZED RECEIPT	-	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 69 (check only one)  X 11a 11b 11c 12 15 16 17
Any information copied from su or for commercial purposes, ot	uch Reports and Statements may her than using the name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (I National Emergency M	n Full) edicine Political Action Com	nmittee	
Full Name (Last, First, Midd Dr. Jay Kaplan Mailing Address  300 Oa City  San Anselmo  FEC ID number of contribut federal political committee.  Name of Employer CA Emerg Phys Med Grp  Receipt For:  Primary Ger  Other (specify)	k Ave State CA  ting C Occupatior Emergen	Zip Code 94960-2703 n cy Physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Pittsburgh  FEC ID number of contributed federal political committee.  Name of Employer Allegheny Gen Hosp  Receipt For:	verly Rd  State PA  ting  C  Occupation Emergen	Zip Code 15216-1462  1 cy Physician 2 Year-to-Date ▼ 400.00	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Chesterland FEC ID number of contributed federal political committee.  Name of Employer Cleveland Clinic ED  Receipt For:	_aurel Rd State OH  ting C Occupation Emergen	Zip Code 44026-1757 n cy Physician Year-to-Date ▼	Date of Receipt  M M M / 29 / 2006  Transaction ID: 17879441  Amount of Each Receipt this Period  500.00
SUBTOTAL of Receipts This	Page (optional)	<b>)</b>	700.00
TOTAL This Period (last page	e this line number only) .		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 69 (check only one)
ΙT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	mittee	
۹.	Full Name (Last, First, Middle Initial) Dr. Michelle Marie McLean			Date of Receipt
	Mailing Address 13876 Hearthstone Ln			11 29 2006
	City	State	Zip Code	Transaction ID: 17879443
	Hartland  FEC ID number of contributing federal political committee.	C	48353-3145	Amount of Each Receipt this Period  100.00
	Name of Employer Saginaw Cooperative Hosp  Receipt For:  Primary  General  Other (specify) ▼		cy Physician Year-to-Date ▼	
3.	Full Name (Last, First, Middle Initial) Dr. David L Meyers  Mailing Address  2301 Ken Oak Rd  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer EmCare Inc  Receipt For: Primary Other (specify)		Zip Code 21209-4421  cy Physician Year-to-Date ▼  700.00	Date of Receipt  M M M / 29 / 2006  Transaction ID: 17879446  Amount of Each Receipt this Period  100.00
Э.	Full Name (Last, First, Middle Initial) Dr. George W Molzen  Mailing Address  11 Grasslands Tr  City Santa Fe  FEC ID number of contributing federal political committee.  Name of Employer Albuquerque Emerg Med Assoc Receipt For: Primary General Other (specify)		Zip Code 87508-1316 cy Physician Year-to-Date ▼	Date of Receipt  M M M / 29 / 2006  Transaction ID: 17879457  Amount of Each Receipt this Period  250.00
s	UBTOTAL of Receipts This Page (optional)			450.00

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 15/69				
ITEMIZED RECEIPTS			or each category of the	(check only one)				
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12				
Δ	information and discount Broads and Older			13 14 15 16 17				
or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	ress of any political committee to	solicit contributions from such committee.				
$\overline{}$	NAME OF COMMITTEE (In Full)							
$\rangle$	National Emergency Medicine Political Action	on Com	mittee					
_	<i>.</i>			_				
	Full Name (Last, First, Middle Initial)			Data of Danaira				
٦.	Dr. Ira R Nemeth  Mailing Address			Date of Receipt				
	3225 Turtle Creek Blvd Apt	134		11 29 2006				
	•	State	Zip Code	Transaction ID: 17879458				
	•	TX	75219-5457	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.			100.00				
	Name of Employer	ccupation		4				
	Ira R Nemeth MD		cy Physician					
			Year-to-Date ▼	-				
	Primary General	33 -3						
	Other (specify) ▼		300.00					
,	Full Name (Last, First, Middle Initial)			Data of Bassist				
3.	Dr. Jeffrey R Nickel  Mailing Address			Date of Receipt				
	2300 N Black Oak Dr			11 29 2006				
		State	Zip Code	Transaction ID: 17879459				
	Angola I	IN	46703-8195	Amount of Each Receipt this Period				
	FEC ID number of contributing			100.00				
	federal political committee.			100.00				
	Name of Employer	ccupation	1	-				
	Professional Emerg Phys		cy Physician					
			Year-to-Date ▼					
	Primary General	1 1	200.00					
	Other (specify) ▼		800.00					
•	Full Name (Last, First, Middle Initial) Dr. Mark R Riser			Date of Receipt				
٠.	Mailing Address			M M / D D / Y Y Y Y				
	108 Balsamwood Ct			11 29 2006				
	City	State	Zip Code	Transaction ID: 17879461				
	<u>Cary</u>	NC	27513-3456	Amount of Each Receipt this Period				
	FEC ID number of contributing			83.33				
	federal political committee.	-		56.65				
	Name of Employer Oct Duke Univ Med Ctr	ccupation	1	1				
	Duke Univ Med Ctr Er	-	cy Physician					
			Year-to-Date ▼					
	Primary General	-	916.67					
	Other (specify) ▼	0 0	310.07					
٠.	IDTOTAL of Decision This Days (authors)			283.33				
5	JBTOTAL of Receipts This Page (optional)		<u> </u>					
т	TAI This Period (last page this line number only)		•					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/69
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politica	Action Con	nmittee	
Full Name (Last, First, Middle Initial)  A. Dr. David William Ross			Date of Receipt
Mailing Address 15340 Raton Rd			11 29 2006
City	State	Zip Code	Transaction ID: 17879463
Colorado Spgs	CO	80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer Front EM Specialties Inc	Occupation Emergen	n ncy Physician	
Receipt For:	,	e Year-to-Date ▼	7
Primary General Other (specify) ▼		666.66	
Full Name (Last, First, Middle Initial)  Dr. David M Siegel			Date of Receipt
Mailing Address 706 Promenade Pl			1 1 2 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17879465
<u>Tampa</u>	<u>FL</u>	33602-5902	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		900.00
Name of Employer David M Siegel, MD JD FAC-	Occupation	n ncy Physician	
EP Receipt For:	<u>,                                    </u>	e Year-to-Date $lacktrian$	_
Primary General			1
Other (specify) ▼		1000.00	
Full Name (Last, First, Middle Initial)  Dr. Robert C Solomon			Date of Receipt
Mailing Address 214 Briar Path			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 17879466
Imperial	PA	15126-9686	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer East Ohio Reg Hosp	Occupation Emergen	n ncy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		416.69	
SUBTOTAL of Receipts This Page (optional)	1		1066.66
<b>TOTAL</b> This Period (last page this line number	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 17/69
	EMIZED RECEIPTS		or each category of the	(check only one)	] 44. 🖂 45
•			Detailed Summary Page	X 11a 11b 1	11c   12 15   16   17
An	ry information copied from such Reports and Stat	ements may	not be sold or used by any perso		
or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	lress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
/	National Emergency Medicine Political A	ction Com	nmittee		
۹.	Full Name (Last, First, Middle Initial) Dr. Fred Foster Tilden			Date of Receipt	
	Mailing Address			M M / D D	/ Y Y Y Y
	36 Bainbridge Rd	Otal	7:- Oada	11 29	2006
	City W Hartford	State CT	Zip Code	Transaction ID: 17	
			06119-1145	Amount of Each Re	· · · · · ·
	FEC ID number of contributing federal political committee.	C			1000.00
	Name of Employer Midstate Med Ctr	Occupation Emergen	n cy Physician		
	Receipt For:		Year-to-Date ▼	1	
	Primary General				
	Other (specify)		1200.00		
3.	Full Name (Last, First, Middle Initial) Dr. Gregory J Bjerke			Date of Receipt	
	Mailing Address			M M / D D	/ <b>Y                                   </b>
	2973 Peterson Pkwy	0: :	7: 0 !	11 30	2006
	City	State	Zip Code	Transaction ID: 17	
	Fargo	ND	58102-1752	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			200.00
	Name of Employer Meritcare Med Ctr ED	Occupation			
			cy Physician	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		400.00		
 C.	Full Name (Last, First, Middle Initial) Dr. Thomas E Nielsen			Date of Receipt	
	Mailing Address			M M / D D	/ Y Y Y Y
	2801 Blarney Stone Ln			11 30	2006
	City	State	Zip Code	Transaction ID: 17	
	Bloomington	IL	61704-8452	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Name of Employer BroMenn Reg Med Ctr	Occupation		7	
			cy Physician	_	
	Receipt For:	Aggregate	Year-to-Date ▼	. ]	
	Primary General Other (specify) ▼		250.00		
	Carlot (opconij) 🔻	1 1	0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)		······		1450.00
_	OTAL This Deviced (lead-one this Process)	1			
- 13	OTAL This Period (last page this line number on	ıy)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 18 / 69
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$  \rangle$	National Emergency Medicine Political	Action Com	mittee	
	Tradional Emergency Medicine Folitical	ACCION CON	millee	
<u>/</u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Bruce S Whitman			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	315 Londonderry Dr			11 30 2006
	City	State	Zip Code	Transaction ID: 17879484
	Lumberton	NC	28358-8316	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Southeastern Reg Med Ctr	Occupation	า	
	Southeastern Reg Med Ctr	Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	1	615.00	
				1
	Full Name (Last, First, Middle Initial)			
В.	Dr. Salvador E Arguilla			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	45 Snyder Rd			12 01 2006
	City	State	Zip Code	Transaction ID: 17881609
	Englewd Clfs	NJ	07632-1619	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Emergency Medical Assoc	Occupation		
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	350.00	1
	U Other (specify) ▼		330.00	
_	Full Name (Last, First, Middle Initial)			Data of Booking
C.	Dr. Ben C Corballis			Date of Receipt
	Mailing Address			12 01 2006
	906 Greenhill Ave	01-1-	7:- 0-4-	
	City	State	Zip Code	Transaction ID: 17881610
	Wilmington	DE	19805-2640	Amount of Each Receipt this Period
	FEC ID number of contributing	С		200.00
	federal political committee.			255.55
	Name of Employer	Occupation	1	_
	Drs for Emergency Service		cy Physician	
	PA Receipt For:		Year-to-Date <b>V</b>	
	Primary General	Aggregate	Tour to Date ¥	,
	Other (specify)		700.00	
	Strict (opcony)		0 0 0 0 0 0 0	1
_				700.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	700.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 19 / 69
	•		Use separate schedule(s) or each category of the	(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the i	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	<b>.</b> 0		
	National Emergency Medicine Political	Action Com	imittee	
Α.	Full Name (Last, First, Middle Initial) Dr. David C Linn			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	522 Serenity Ln			12 01 2006
	City	State	Zip Code	Transaction ID: 17881614
	Knoxville	<u>TN</u>	37934-7902	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer David C Linn, MD, FACEP	Occupation		
	Receipt For:		cy Physician Year-to-Date ▼	
	Primary General	Aggregate	FICAL-10-Date V	1
	Other (specify) ▼		300.00	
В.	Full Name (Last, First, Middle Initial) Dr. Julian L Kadish			Date of Receipt
	Mailing Address			M ' M / D ' D / Y ' Y ' Y ' Y
	72 Reservoir St			12 04 2006
	City	State	Zip Code	Transaction ID: 17900132
	Norton	MA	02766-2202	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Milford Whitinsville Hosp	Occupation		
			cy Physician	
	Receipt For:    Primary   General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
	Cirior (Speedily)	0 0	1 1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Millard A Ruddell			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	2408 Jericho Dr			12 04 2006
	City	State	Zip Code	Transaction ID: 17900135
	<u>Jamison</u>	PA	18929-1507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer	Occupation	 1	$\dashv$
	Abington Emerg Phys		cy Physician	
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General		000.00	1
	Other (specify) ▼		300.00	
_				
				700.00
S	UBTOTAL of Receipts This Page (optional)		······	700.00
1				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 20 / 69				
	EMIZED RECEIPTS		or each category of the	(check only one)				
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
$\rangle$	National Emergency Medicine Political	Action Com	nmittee					
Α.	Full Name (Last, First, Middle Initial) Dr. Todd Curtis Rothenhaus			Date of Receipt				
	Mailing Address 422 Huron Ave			12 04 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 17900137				
	Cambridge	MA	02138-2126	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Boston Univ Med Ctr	Occupation	n cy Physician					
	Receipt For:		Year-to-Date ▼	-				
	Primary General	7.99.094.0						
	Other (specify) ▼	0 0	250.00					
В.	Full Name (Last, First, Middle Initial) Dr. Otto F Rogers, III			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	318 Horse & Carriage Li			12 05 2006				
	City	State	Zip Code	Transaction ID: 17904661				
	Cameron	NC	28326-7846	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer Moore Reg Hosp	Occupation Emergen	n cy Physician					
	Receipt For:	<u> </u>	Year-to-Date ▼	7				
	Primary General							
	Other (specify) ▼	0 0	250.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Carol L Clark			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	4728 Haddington Dr			12 05 2006				
	City	State	Zip Code	Transaction ID: 17904662				
	Bloomfield HIs	MI	48304-3637	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer William Beaumont Hosp ED	Occupation Emergen	n cy Physician					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		EE0 00					
	Other (specify) ▼		550.00					
_								
_				1000.00				
S	UBTOTAL of Receipts This Page (optional)		<u> </u>					

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 69
	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIMIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12
۸n	ny information copied from such Reports and Statemen	nte may	not be sold or used by any perso	13 14 15 16 17
or	for commercial purposes, other than using the name a	and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Emergency Medicine Political Action	n Com	mittee	
	Full Name (Last, First, Middle Initial)			
٩.	Dr. Thomas C Kupka			Date of Receipt
	Mailing Address 2454 S Paseo Loma Cir			12 12 2006
		tate	Zip Code	Transaction ID: 18038584
	Mesa Az	Z	85202-6443	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Name of Employer Occ	cupation	1	-
	Emergency Physicians Inc		cy Physician	
		gregate	Year-to-Date ▼	
	Primary General		350.00	
	Other (specify)			
3.	Full Name (Last, First, Middle Initial) Dr. Thomas G Chiccone			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	908 Church Hill Rd			12 12 2006
	,	tate	Zip Code	Transaction ID: 18038585
	<u>Centreville</u> MI	<u>טוי</u>	21617-2599	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			100.00
	Memorial Hoen	cupation		
			cy Physician	_
	Receipt For: Agg	gregate	Year-to-Date ▼	
	Other (specify)		450.00	
`	Full Name (Last, First, Middle Initial)			Date of Respire
٥.	Dr. Bonnie B Matthaeus  Mailing Address			Date of Receipt
	PO Box 7270			12 12 2006
	•	tate	Zip Code	Transaction ID: 18038590
	Wilmington DE	<u>E</u>	19803-0270	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			1000.00
		cupation		7
	Emi		cy Physician	
		gregate	Year-to-Date ▼	
	Primary General Other (specify)		1100.00	
	Carici (Specify) 🔻		0 0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			1350.00
_				
т	OTAL This Period (last page this line number only)		•	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 22 / 69
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the na	me and add	ress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political A	ction Com	mittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Jonathan Winograd			Date of Receipt
Λ.	Mailing Address			M M / D D / Y Y Y Y
	1 Harper St			12 2006
	City	State	Zip Code	Transaction ID: 18038593
	West Orange	NJ	07052-3635	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		50.00
	Name of Employer St Barnabas Med Ctr	Occupation		7
			cy Physician	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	250.00	
	Curior (openity) •	0 0		1
В.	Full Name (Last, First, Middle Initial) Dr. Steven G Werdehoff			Date of Receipt
υ.	Mailing Address			M M / D D / Y Y Y Y
	3013 Hampton Cove Way	/		12 2006
	City	State	Zip Code	Transaction ID: 18038596
	Owens Cross Roads	AL	35763-9390	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer	Occupation	1	$\dashv$
	Huntsville Hosp	•	cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	l	1100.00	
_	Full Name (Leet First Middle Initial)			
C.	Full Name (Last, First, Middle Initial) Dr. William D Dicindio			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	124 Erica Ct		7: 0 1	12 12 2006
	City	State	Zip Code	Transaction ID: 18038597
	Swedesboro	NJ	08085-1823	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer South Jersey Healthcare	Occupation	n cy Physician	
	Receipt For:		Year-to-Date <b>V</b>	-
	Primary General	Aggregate	Toul to Date ▼	1
	Other (specify)		765.00	
				1
s	UBTOTAL of Receipts This Page (optional)			1350.00
H	1			

		г					
SCI	HEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 23 / 69			
ITE	MIZED RECEIPTS		or each category of the	(check only one)			
TEMIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Any or fo	information copied from such Reports and State r commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.			
N	IAME OF COMMITTEE (In Full)						
\	National Emergency Medicine Political Ac	ction Com	mittee				
	ull Name (Last, First, Middle Initial) br. Jim Anthony Comes			Date of Receipt			
N	failing Address 247 Goshen Ave			12 12 2006			
C	ity	State	Zip Code	Transaction ID: 18038599			
	Clovis	CA	93611-7098	Amount of Each Receipt this Period			
_			30011 7000	Amount of Each Necept this Feriod			
	EC ID number of contributing ederal political committee.	C		250.00			
Ņ	ame of Employer	Occupation	1	7			
L	Jniv Med Ctr ED	Emergen	cy Physician				
R	leceipt For:		Year-to-Date ▼	7			
	Primary General						
	Other (specify) ▼		500.00				
				'			
	ull Name (Last, First, Middle Initial) br. Steven Kulick			Date of Receipt			
N	lailing Address		M M / D D / Y Y Y Y				
	13206 N Hawthorne Ct	12 12 2006					
С	ity	State	Zip Code	Transaction ID: 18038602			
<u>N</u>	<u>Mequon</u>	WI	53097-1902	Amount of Each Receipt this Period			
F	EC ID number of contributing			205.00			
	ederal political committee.	C		365.00			
Й	ame of Employer merg Med Assoc	Occupation	1				
_	There were Assoc	Emergen	cy Physician				
R	leceipt For:	Aggregate	Year-to-Date ▼				
	Primary General		365.00				
	Other (specify) ▼		303.00				
F	ull Name (Last, First, Middle Initial)						
	Pr. Pushpa R Mudan			Date of Receipt			
M	failing Address 1415 Silvercreek Dr			1 2 1 2 2 0 0 6			
C	ity	State	Zip Code	Transaction ID: 18038616			
Λ	<i>l</i> lechanicsburg	PA	17050-2086	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		300.00			
_	•						
			cy Physician	4			
R	eceipt For:	Aggregate	Year-to-Date ▼				
	Primary General	'''	400.00				
	Other (specify) ▼		700.00				
				915.00			
SUE	BTOTAL of Receipts This Page (optional)		······	313.00			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 69 (check only one)    X   11a
Any information copied from such Reports and St or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	nmittee	
A. Full Name (Last, First, Middle Initial) Dr. Vernon T Koto  Mailing Address  23061 Apple Hill Ln  City	State	Zip Code	Date of Receipt    M M
Lincolnshire  FEC ID number of contributing federal political committee.	C	60069-2828	Amount of Each Receipt this Period  250.00
Name of Employer Phy America  Receipt For:  Primary General  Other (specify) ▼		n ncy Physician e Year-to-Date ▼ 350.00	
Full Name (Last, First, Middle Initial) Dr. Robert Bryant Mailing Address 7270 S Plomenade Dr City Salt Lake City	State UT	Zip Code 84121-4057	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
FEC ID number of contributing federal political committee.  Name of Employer Utah Emerg Phys  Receipt For:  Primary General Other (specify)		n icy Physician e Year-to-Date ▼ 225.00	125.00
Full Name (Last, First, Middle Initial)  Dr. S Marshal Isaacs  Mailing Address  3000 Blackburn St Apt  City  Dallas  FEC ID number of contributing federal political committee.  Name of Employer Parkland Mem Hosp  Receipt For:  Primary  General  Other (specify)	State TX  C Occupation Emergen	Zip Code 75204-2211  n icy Physician e Year-to-Date ▼	Date of Receipt  M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			625.00

COLLEDING A /EEO Forms OV)				FOR LINE NUMBER: PAGE 25 / 69
51	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
_	· ( · · · · · · · · · · · · · · · · · ·			
or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
$\rangle$	National Emergency Medicine Political	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Steven D Mehaffey			Date of Receipt
	Mailing Address			12 08 2006
	23749 Fletcher Isle Rd	01-1-	7's Oads	
	City	State	Zip Code	Transaction ID: 18038663
	Ponchatoula	LA	70454-6833	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Total Wound Treatment Ctr	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify) ▼	0 0	300.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Ralph K Losey			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	6239 N Lundy Ave			12 08 2006
	City	State	Zip Code	Transaction ID: 18038667
	Chicago	<u>IL</u>	60646-4009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		200.00
	Name of Employer Univ of IL at Chicago ED	Occupation		
		-	cy Physician	
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	
	Other (specify)	' '	300.00	
	canor (opeciny) \	0 0	1 1 1 1 1 1 1	.1
_	Full Name (Last, First, Middle Initial) Dr. Vincent H Knauf, II			Date of Receipt
<b>U</b> .	Mailing Address			M M / D D / Y Y Y Y
	4860 Louise Dr			12 08 2006
	City	State	Zip Code	Transaction ID: 18038669
	San Diego	CA	92115-1921	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer Sharp Chala Vista	Occupation		7
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		730.00	11
	Other (specify)		750.00	1
_				
				1065.00
S	UBTOTAL of Receipts This Page (optional)			1005.00
				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 69 (check only one)  X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	nmittee	
A. 3.	Full Name (Last, First, Middle Initial) Dr. M McKim Davis  Mailing Address  3916 Welwyn Way  City  Bedford  FEC ID number of contributing federal political committee.  Name of Employer Plaza Med Ctr of Ft Worth  Receipt For: Primary General Other (specify)  Full Name (Last, First, Middle Initial) Dr. Charles Niziol  Mailing Address		Zip Code 76021-2510  n cy Physician Year-to-Date ▼ 500.00	Date of Receipt    M M
	Mailing Address  2815 Kings Forest Dr  City  Kingwood  FEC ID number of contributing federal political committee.  Name of Employer Uvalde Mem. Hosp  Receipt For:  Primary General Other (specify) ▼		Zip Code 77339-2450  n cy Physician Year-to-Date ▼ 550.00	Transaction ID: 18040712  Amount of Each Receipt this Period  200.00
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Jerry Guzik Mailing Address  249 E 10th St Apt 5B  City New York  FEC ID number of contributing federal political committee.  Name of Employer Jerry Guzik, DO  Receipt For: Primary General Other (specify)		Zip Code 10009-4822 n cy Physician Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	UBTOTAL of Receipts This Page (optional)		······	1200.00
т	OTAL This Period (last page this line number on	lv)		

# SCHEDULE A (FEC Form 3X)

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Ad	ction Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Michael Thomas Brazda  Mailing Address  272 Shore Dr E  City  Miami  FEC ID number of contributing federal political committee.  Name of Employer Baptist Hosp  Receipt For: Primary General Other (specify)		Zip Code 33133-2622  n cy Physician Year-to-Date ▼	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) Dr. Peter B Woollett  Mailing Address  111 Kalaiopua PI  City  Honolulu  FEC ID number of contributing federal political committee.  Name of Employer Islands Emerg Med Svcs  Receipt For: Primary General Other (specify)		Zip Code 96822-5005  n cy Physician Year-to-Date ▼ 865.00	Date of Receipt  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Dale T Oda  Mailing Address  3310 Halelani Dr  City  Honolulu  FEC ID number of contributing federal political committee.  Name of Employer Emergency Group Inc  Receipt For:  Primary General Other (specify)		Zip Code 96822-1223  n cy Physician e Year-to-Date ▼ 300.00	Date of Receipt    M M
s	UBTOTAL of Receipts This Page (optional)		······	850.00
T	OTAL This Period (last page this line number onl	v)	<b>&gt;</b>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NU (check only on X 11a 13		PAGE 28 / 6  11c 12 15 16	59
An or	y information copied from such Reports and Statemer for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso ress of any political committee to	n for the purpose solicit contribution	e of solicit	ing contributions	s
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Actio	on Com	mittee				
Α.	Mooresville  FEC ID number of contributing federal political committee.  Name of Employer Steven Gerald Folstad, MD, FACEP  Occ Steven Gerald Folstad, MD, Em	cupation nergeno	Zip Code 28117-9062  cy Physician  Year-to-Date ▼  600.00	Date of Re  1 2  Transactio  Amount of	0 6 on ID: 18	200	6
3.	•	State NC	Zip Code 28207-2426	Date of Re  M M M 1 2  Transactio  Amount of	0 6 on ID: 18	2 0 0 040743 ceipt this Period	6
	Cabarrus Emerg Med Assoc Em		cy Physician Year-to-Date ▼ 1000.00				
<b>D.</b>	River Ridge  EC ID number of contributing federal political committee.  Name of Employer LA State Univ/New Orleans  Occ Em	State A ccupation mergeno	Zip Code 70123-6055  cy Physician Year-to-Date ▼ 250.00	Date of Re  1 2  Transactio  Amount of	0 6 on ID: 18	2 0 0 040744 ceipt this Period 250.0	6
s	UBTOTAL of Receipts This Page (optional)					1750.0	00
т.	OTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 69
ıт	EMIZED RECEIPTS		or each category of the	(check only one)
11	TI LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Emergency Medicine Political A	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Alasdair K Conn			Date of Receipt
	Mailing Address 87 Harbor Ave			12 06 2006
	City	State	Zip Code	Transaction ID: 18040746
	Marblehead	MA	01945-3846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer MA Gen Hosp ED Chief	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500,00	1
	Other (specify)	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Dr. Padraic J Sweeny			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	3750 Eastham Rd			12 27 2006
	City	State	Zip Code	Transaction ID: 18227029
	Dearborn	MI	48120-1049	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer	Occupation	า	7
	Detroit Receiving Hosp ED	Emergen	cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼	0 0	465.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. M McKim Davis			Date of Receipt
	Mailing Address 3916 Welwyn Way			12 26 2006
	City	State	Zip Code	Transaction ID: 18227046
	Bedford	TX	76021-2510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Plaza Med Ctr of Ft Worth	Occupation Emergen	n cy Physician	
			Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		600.00	]
	LIDTOTAL of December This Box (1981)			965.00
S	UBTOTAL of Receipts This Page (optional)			

ITEMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and St or for commercial purposes, other than using the	atements may not be sold or used by any p	erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)  National Emergency Medicine Political		e to Solicit Contributions from Such Committee.
Full Name (Last, First, Middle Initial)  A. Dr. Philip S Carney, Jr  Mailing Address  317 Oak Knoll Dr  City  Rockville  FEC ID number of contributing federal political committee.  Name of Employer Philip S Carney Jr, MD, FACEP  Receipt For:  Primary General	State Zip Code MD 20850-4735  C  Occupation Emergency Physician Aggregate Year-to-Date ▼	Date of Receipt    M
Other (specify)  Full Name (Last, First, Middle Initial)  B. Dr. Ovunda A Lawson-Ndu	400.00	Date of Receipt
Mailing Address  PO Box 640  City  Medford  FEC ID number of contributing federal political committee.  Name of Employer Lower Bucks Hosp  Receipt For:  Primary  General  Other (specify) ▼	State Zip Code NJ 08055-0640  C  Occupation Emergency Physician Aggregate Year-to-Date ▼  250.00	Transaction ID: 18227072  Amount of Each Receipt this Period  150.00
Full Name (Last, First, Middle Initial)  Dr. Susan K Munden  Mailing Address  3509 Tres Rios  City  San Clemente  FEC ID number of contributing federal political committee.  Name of Employer South Coast Med Ctr  Receipt For:  Primary General  Other (specify)	State Zip Code CA 92673-3822  C  Occupation Emergency Physician Aggregate Year-to-Date ▼  300.00	Date of Receipt    M M
SUBTOTAL of Receipts This Page (optional)  TOTAL This Period (last page this line number of		350.00

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 31 / 69
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Charles E Jessup			Date of Receipt
	Mailing Address 3068 Hidden Rd			12 26 2006
	City	State	Zip Code	Transaction ID: 18227081
	Bay City	MI	48706-1241	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Timberline Emerg Phys Inc	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Michael P O'Mara			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	4928 S Ellis Ave			12 26 2006
	City	State	Zip Code	Transaction ID: 18227085
	Chicago	<u> </u>	60615-2708	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		350.00
	Name of Employer Evergreen Emergency Svcs	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1	550.00	1
	Other (specify)	0 0	330.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael A Evans			Date of Receipt
	Mailing Address 106 Dobbs PI			12 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18227108
	Goldsboro	NC	27534-7871	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Michael A Evans, MD, FACEP	Occupation Emergen	n Icy Physician	7
	Receipt For:		e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
1 -				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 69 (check only one)  X 11a 11b 11c 12 15 16 17
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	/ not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	nmittee	
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Steve R Souter  Mailing Address  10255 S Loridan Ln  City Sandy  FEC ID number of contributing federal political committee.  Name of Employer Steve R Souter, MD  Receipt For: Primary General Other (specify)		Zip Code 84092-4494  n cy Physician e Year-to-Date ▼ 250.00	Date of Receipt    M M
3.	Full Name (Last, First, Middle Initial) Dr. Andrew Langsam  Mailing Address  405 Regency Ct  City  Hockessin  FEC ID number of contributing federal political committee.  Name of Employer Doctors for Emerg Svc  Receipt For:  Primary General Other (specify)		Zip Code 19707-2300 n cy Physician e Year-to-Date ▼	Date of Receipt  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>D.</b>	Full Name (Last, First, Middle Initial) Dr. Jeff Van Bendegom  Mailing Address  1730 Ridge Rd  City  Lake Forest  FEC ID number of contributing federal political committee.  Name of Employer Jeff Van Bendegom, MD  Receipt For: Primary General Other (specify)		Zip Code 60045-4115 n cy Physician e Year-to-Date ▼	Date of Receipt    M M
s	UBTOTAL of Receipts This Page (optional)			450.00
T	OTAL This Period (last page this line number on	lv)	<b>.</b>	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political Ad	ction Com	mittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Wendy K Ottenbacher Mailing Address			Date of Receipt
	23 Montague Road			12 28 2006
	City	State	Zip Code	Transaction ID: 18232965
	Newark  FEC ID number of contributing federal political committee.	C	19713-1153	Amount of Each Receipt this Period
	Delmanya Emera Sves		n cy Physician Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	250.00	
3	Full Name (Last, First, Middle Initial) Dr. Russell Edwin Maatz			Date of Receipt
-	Mailing Address PO Box 661870			12 / 28 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Arcadia	State CA	Zip Code 91066-1870	Transaction ID: 18232970
	FEC ID number of contributing federal political committee.	C	91000-1070	Amount of Each Receipt this Period  250.00
	Meth Hosp		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<b>D</b> .	Full Name (Last, First, Middle Initial) Dr. Jacob P Vigil			Date of Receipt
	Mailing Address 7005 San Marino Dr			12 28 2006
	City	State	Zip Code	Transaction ID: 18232971
	El Paso	TX	79912-1507	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Providence Bečnital	Occupation Emergene	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
S	UBTOTAL of Receipts This Page (optional)			600.00
_				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 34 / 69 (check only one)
			Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the nar	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political Ad	ction Com	mittee	
۹.	Full Name (Last, First, Middle Initial) Dr. B Vindell Washington			Date of Receipt
	Mailing Address 101 Emerald Ln			12 28 2006
	City	State	Zip Code	Transaction ID: 18232972
	Mooresville	NC	28117-5502	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	R Vindall Washington MD		cy Physician Year-to-Date ▼ 250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Timothy Alan Soult			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	2101 Dansmere Ave	State	Zip Code	1 2 2 8 2 0 0 6 Transaction ID: 18232975
	Oklahoma City	OK	73170-3404	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Morningotor Emorg Phys	Occupation	cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. F Richard Heath			Date of Receipt
	Mailing Address 53 Fox Pointe Dr			12 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18234737
	Pittsburgh	PA	15238-1534	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Emera Resource Mampt		cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		465.00	
s	UBTOTAL of Receipts This Page (optional)			865.00
			·	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 35 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	mittee	
۹.	Full Name (Last, First, Middle Initial) Dr. Jill M Hunt			Date of Receipt
	Mailing Address 3030 Brunskill Dr			1 2 1 9 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 18234919
	Dubuque	IA	52003-5223	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Finley Hosp		cy Physician	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		750.00	
2	Full Name (Last, First, Middle Initial) Dr. Ronald Iverson			Date of Receipt
٠.	Mailing Address			M M / D D / Y Y Y Y
	4935 S Scenic Rte			12 19 2006
	Copper	State	Zip Code	Transaction ID: 18235223
	Casper F.C. I.B. average of a cartella stillar	WY	82601-6714	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Emerg Med Phys PC	Occupation	ı cy Physician	
	Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		600.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Lloyd Moore			Date of Receipt
	Mailing Address 8200 S Coltrane Rd			1 2 1 9 2 0 0 6
	City	State	Zip Code	Transaction ID: 18235527
	Guthrie	OK	73044-7706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Stillwater Med Ctr	Occupation Emergend	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		350.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
			<u>-</u>	

COLLEDIN E A (EEO Forms OV)		]		FOR LINE NUMBER: PAGE 36 / 69
5	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		X 11a 11b 11c 12
			Detailed Summary Page	
_				
or	ly information copied from such Reports and Stator commercial purposes, other than using the r	atements may name and ado	rnot be sold or used by any person lress of any political committee to	on for the purpose of soliciting contributions oscilcit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Emergency Medicine Political	Action Com	ımittee	
Α.	Full Name (Last, First, Middle Initial) Dr. William John Angelos			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	490 Country Club Dr			12 19 2006
	City	State	Zip Code	Transaction ID: 18236066
	McDermott	OH	45652-8807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Southern Ohio Medical Cen-	Occupation Emergen	n cy Physician	7
	ter Receipt For:		Year-to-Date ▼	_
	Primary General	199.194		7
	Other (specify) ▼		300.00	
				4
— В.	Full Name (Last, First, Middle Initial) Dr. Joni Vest			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	3831 Sunburst Rdg		12 19 2006	
	City	State	Zip Code	Transaction ID: 18236470
	Cincinnati	ОН	45248-2958	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		200.00
	Name of Employer Emerg Care Phys of N	Occupation		
			cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)		300.00	
	Full Name (Last, First, Middle Initial)			
C.	Dr. Adam Church			Date of Receipt
	Mailing Address 59 Mill Spring Rd			12 19 2006
	City	State	Zip Code	Transaction ID: 18236643
	Manhasset	NY	11030-3433	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	 1	Ⅎ
	Name of Employer North Shore University Ho-		cy Physician	
	sp Receipt For:		Year-to-Date ▼	-
	Primary General	35. 39410	= 1	- I
	Other (specify)		250.00	
			1 1 1 1 1 1 1 1	4
_				550.00
Ls	UBTOTAL of Receipts This Page (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NU	
	EMIZED RECEIPTS		or each category of the	(check only on	´ — —
•			Detailed Summary Page	X 11a	11b   11c   12 14   15   16   17
Δn	v information copied from such Reports and State	mente may	y not be sold or used by any perso		
or	y information copied from such Reports and State for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributio	ns from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)				
$\rangle$	National Emergency Medicine Political Ac	ction Com	mittee		
۹.	Full Name (Last, First, Middle Initial) Dr. Carol L Clark			Date of Red	ceipt
	Mailing Address 4728 Haddington Dr		7: 0 !	12	18 2006
	City Bloomfield HIs	State MI	Zip Code		n ID: 18239037
		IVII	48304-3637	Amount of I	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			100.00
	William Regument Hoon ED	Occupation Emergen	n cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		650.00		
3.	Full Name (Last, First, Middle Initial) Dr. James E Henry, Jr			Date of Rec	ceipt
	Mailing Address			M M /	D D / Y Y Y Y
	111 Westview Ln			1 2	18 2006
	City	State	Zip Code	Transaction	n ID: 18239055
	Oak Ridge	TN	37830-8658	Amount of I	Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			50.00
	Name of Employer Southeastern Emer Phys	Occupation	1		
			cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	.	
	Primary General Other (specify) ▼	0 0	250.00		
 C.	Full Name (Last, First, Middle Initial) Dr. Matthew S Way			Date of Red	ceipt
	Mailing Address			M M /	D D / Y Y Y Y
	2211 Ash Grove Way			1 2	18 2006
	City	State	Zip Code		n ID: 18239059
	Dallas	TX	75228-5386	Amount of I	Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer	Occupation	1	7	
	Arlington Memorial Hosp ED	Emergen	cy Physician		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		600.00		
s	UBTOTAL of Receipts This Page (optional)				650.00
			·		
T	OTAL This Period (last page this line number only	/)	<b>&gt;</b>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 38 / 69
			Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee	
	Full Name of Local Pines Affection Letters			
Α.	Full Name (Last, First, Middle Initial) Dr. Christopher J Scott			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	4939 Kensington Park E	Blvd		12 18 2006
	City	State	Zip Code	Transaction ID: 18239061
	Orlando	FL	32819-3136	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation		_
	Name of Employer Christopher J Scott, MD,		cy Physician	
	FACEP Receipt For:		Year-to-Date ▼	_
	Primary General	riggrogato	real to Bate V	1
	Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			
В.	Dr. Jerry I Jacobson			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	5137 W Lakewood Dr	C+-+-	7:- Oada	12 18 2006
	City	State	Zip Code	Transaction ID: 18239062
	Visalia	CA	93291-9016	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	rederal political committee.			
	Name of Employer	Occupation	1	
	Kaweah Delfa District Hosp	Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	☐ Other (specify) ▼	0 0	300.00	
	Full Name (Lank Finek Mittelle Letter)			
C.	Full Name (Last, First, Middle Initial) Dr. Donald J Steiner			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	1 S 702 Birchbrook Ct			12 18 2006
	City	State	Zip Code	Transaction ID: 18239065
	Glen Ellyn	IL	60137-6880	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer	Occupation	า	_
	Name of Employer Good Samaritan Hosp		cy Physician	
	Receipt For:	+	Year-to-Date ▼	
	Primary General	33 13 3 3 3		1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			700.00
$\vdash$	·		<u> </u>	

COLLEDING A (FEO Forms OV)				FOR LINE NUMBER: PAGE 39 / 69
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)
IT	EMIZED RECEIPTS	or each category of the		
•			Detailed Summary Page	
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
$\rangle$	National Emergency Medicine Political	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Dennis T Uehara			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	5092 Crofton Dr			12 18 2006
	City	State	Zip Code	Transaction ID: 18239068
	Rockford	IL	61114-5422	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Rockford Memorial Hosp ED	Occupation Emergen	n cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼		230.00	
В.	Full Name (Last, First, Middle Initial) Dr. Ronald A Sarno			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	8979 Raven Dr			12 18 2006
	City	State	Zip Code	Transaction ID: 18239071
	Louisville	NE	68037-2130	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Midlands Hosp	Occupation		
		· · · · · · · · · · · · · · · · · · ·	cy Physician	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	1	250.00	11
	Other (specify) ▼		230.00	
	Full Name (Last, First, Middle Initial)			+
C.	Dr. Angelo L Falcone			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	21608 English Meadow	Pl		12 18 2006
	City	State	Zip Code	Transaction ID: 18239073
	Gaithersburg	MD	20882-1350	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer	Occupation	 1	Ⅎ
	Shady Grove Adventist Hosp		cy Physician	
	ED Receipt For:	-	Year-to-Date <b>V</b>	$\dashv$
	Primary General	, iggi egale	Tour to Duto ¥	1
	Other (specify)		1000.00	
	Strict (opcony)			.1
1				1000.00
S	UBTOTAL of Receipts This Page (optional)			1000.00
$\vdash$				-

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 40 / 69 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political A	ction Com	mittee	
۹.	Full Name (Last, First, Middle Initial) Dr. William Joseph Frohna			Date of Receipt
	Mailing Address 9908 Juniper Hill Rd			12 18 2006
	City Rockville	State MD	Zip Code 20850-5426	Transaction ID: 18239075  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20000 3420	100.00
	Name of Employer Union Mem Hosp		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
3.	Full Name (Last, First, Middle Initial) Dr. David L Stewart			Date of Receipt
	Mailing Address 1763 Mill Wood Way	Obsta	7'. 0. 1.	12 18 2006
	City Suffolk	State VA	Zip Code 23434-2348	Transaction ID: 18239077  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Roanoke Chowan Hosp	Occupation	cy Physician	
	Receipt For:  Primary General  Other (specify) ▼		Year-to-Date ▼ 1475.00	
<del></del>	Full Name (Last, First, Middle Initial) Dr. John Dennis Broderick, Jr			Date of Receipt
	Mailing Address 15 Fenimore PI			12 18 2006
	City Gansevoort	State NY	Zip Code 12831-1476	Transaction ID: 18239079  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	1 1 1 1 1 1	250.00
	Name of Employer Med Dir of Emer Svc	Occupation Emergend	cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00	
s	UBTOTAL of Receipts This Page (optional)			850.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 41 / 69
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may	not be sold or used by any person	on for the purpose of soliciting contributions
or		name and add	aress or any political committee to	Solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Com	imittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Gina M Abbruzzi			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	2123 River Chase Dr			12 18 2006
	City	State	Zip Code	Transaction ID: 18239080
	Eden	NC	27288-9463	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Morehead Memorial Hosp	Occupation		7
	Receipt For:		cy Physician • Year-to-Date ▼	
	Primary General	Aggregate	Teal to Bate V	1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Geoffrey M Crockett			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	8793 Sutton Way			12 18 2006
	City	State	Zip Code	Transaction ID: 18239084
	Salt Lake City	UT	84121-6103	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	•			
	Name of Employer EPIC	Occupation		
		· ·	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	' '	250.00	
	Ctrici (Specify)			1
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Christopher J Flynn			Date of Receipt
٥.	Mailing Address			M M / D D / Y Y Y Y
	875 Woodland Dr			12 18 2006
	City	State	Zip Code	Transaction ID: 18239085
	Santa Barbara	CA	93108-1848	Amount of Each Receipt this Period
	FEC ID number of contributing	С		50.00
	federal political committee.			
	Name of Employer Santa Barbara Ctg Hosp	Occupation Emergen	n cy Physician	
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify)		550.00	
				400.00
s	UBTOTAL of Receipts This Page (optional)			400.00

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 42 / 69
	· ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Dotailed Carifficary 1 age	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee	
<u></u>	Full Name (Last, First, Middle Initial)			
A.	Dr. Susan A Stephens			Date of Receipt
	Mailing Address 13510 Brentwood Ln			1 2 1 8 2 0 0 6
	City	State	Zip Code	Transaction ID: 18239086
	Carmel	IN	46033-9488	Amount of Each Receipt this Period
			10000 0 100	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer St Vincent Hosp	Occupation	า	7
	St vincent Hosp		cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		450.00	]
	Other (specify) ▼	0 0		1
В.	Full Name (Last, First, Middle Initial) Dr. David C Prickett, Jr			Date of Receipt
υ.	Mailing Address			M M / D D / Y Y Y Y
	13822 Shadow Run			12 18 2006
	City	State	Zip Code	Transaction ID: 18239087
	Kearney	MO	64060-8926	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1	100.00
	federal political committee.	C		100.00
	Name of Employer	Occupation	1	
	Liberty Emer'g Phys	Emergen	cy Physician	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Carol Talley Burger			Date of Receipt
	Mailing Address 101 Willow Point Way			12 18 2006
	City	State	Zip Code	Transaction ID: 18239088
	Easley	SC	29642-8272	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Greenville Memorial Hosp,	Occupation		
	<u>ED</u>		cy Physician	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)	1 ' '	350.00	
	Calc. (openij) 🔻			1
s	UBTOTAL of Receipts This Page (optional)			600.00
$\vdash$				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 69 (check only one)  X 11a 11b 11c 12  13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	ction Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Renee M Nilan Mailing Address			Date of Receipt  1 2 0 6 2 0 0 6
	8475 Michael David Dr City	State	Zip Code	Transaction ID: 18239117
	Saginaw	MI	48603-8665	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Covenant Hosp		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
3.	Full Name (Last, First, Middle Initial) Dr. David S Davis			Date of Receipt
	Mailing Address 176 N Brentwood Blvd			12 06 2006
	City	State	Zip Code	Transaction ID: 18239118
	Saint Louis	MO	63105-3741	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer David S Davis, MD JD FACEP		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	
<b>)</b> .	Full Name (Last, First, Middle Initial) Dr. Alan Richard Givertz			Date of Receipt
	Mailing Address 10155 N Edgewood Dr			12 06 YYYY 2006
	City City	State	Zip Code	Transaction ID: 18239119
	Fresno	CA	93720-3423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alan Richard Givertz, MD		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00	
S	UBTOTAL of Receipts This Page (optional)			1600.00
T	OTAL This Period (last page this line number on	lv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 44 / 69
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
$\setminus$	NAME OF COMMITTEE (In Full)			
	National Emergency Medicine Political	Action Con	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew Louis Walshak			Date of Receipt
	Mailing Address  17 Gereg Glen Rd			12 06 2006
	City	State	Zip Code	Transaction ID: 18239120
	Brookfield	CT	06804-1054	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Danbury Hosp	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0		
— В.	Full Name (Last, First, Middle Initial) Dr. David S Diamond			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	5224 Sun Meadow Dr			12 06 2006
	City	State	Zip Code	Transaction ID: 18239123
	Flower Mound	<u>TX</u>	75022-5680	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer Baylor Med Ctr	Occupation Emergen	n Icy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		375.00	1
	Other (specify)	0 0	070.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Jarrad Neil Lifshitz			Date of Receipt
	Mailing Address 3737 Ashworth Dr Unit E	12 06 2006		
	City	State	Zip Code	Transaction ID: 18239125
	Cincinnati	OH	45208-1825	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Jarrad Neil Lifshitz , MD	Occupation		
		<u> </u>	cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		300.00	
	☐ Other (specify) ♥			1
<u> </u>	UBTOTAL of Receipts This Page (optional)			550.00
1	= = = = = = = = = = = = = = = = = = =			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 45 / 69
	· ·		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$
Δr	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	, ,	Action Com	mittoo	
/	National Emergency Medicine Political	ACTION CON	imittee	
_	Full Name (Last, First, Middle Initial)			
Α.	Dr. Vicken Y Totten			Date of Receipt
Λ.	Mailing Address			M M / D D / Y Y Y Y
	14500 Southpark Blvd			12 06 2006
	City	State	Zip Code	Transaction ID: 18239128
		OH	·	
	Shaker Heights	Оп	44120-1330	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	0		
	Name of Employer	Occupation	2	<del>-</del>
	Name of Employer Univ Hosp of Cleveland		cy Physician	
	Descipt For:		<u> </u>	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0	200.00	
_	Full Name (Last, First, Middle Initial)			
В.	Dr. Allan W Dale			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	447 Paradise Point			12 06 2006
	City	State	Zip Code	Transaction ID: 18239133
	Signal Mountain	TN	37377-7753	Amount of Each Receipt this Period
	FEC ID number of contributing			100.00
	federal political committee.	C		100.00
		1		
	Name of Employer Chattanooga Emerg Phys Inc	Occupation		
			cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Dr. Mark Rainer Pierce			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y Y
	1856 Zion Church Rd			12 06 2006
	City	State	Zip Code	Transaction ID: 18239135
	Mauertown	VA	22644-2808	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Warren Mem Hosp	Occupation		
			cy Physician	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1	050.00	1
	Other (specify)		350.00	
_				
	•			
ء	UBTOTAL of Receipts This Page (optional)			600.00
$\vdash$	22.2.7.2 S. 11000ipto Tilio Fago (optional)			

S(	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 69
	EMIZED RECEIPTS		or each category of the	(check only one)
• •			Detailed Summary Page	X   11a   11b   11c   12   13   14   15   16   17
An	y information copied from such Reports and Staten	ments may	not be sold or used by any perso	
or	for commercial purposes, other than using the nam	ne and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
$\geq$	National Emergency Medicine Political Act	tion Com	ımittee	
۸.	Full Name (Last, First, Middle Initial) Dr. Alex D Antalis			Date of Receipt
-	Mailing Address			M M / D D / Y Y Y Y
	11121 Shiregreen Ln			12 06 2006
	City	State	Zip Code	Transaction ID: 18239138
	Ft Wayne	IN	46814-9323	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer Parkview Memorial Hosp	Occupation	1	7
			cy Physician	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		1100.00	
			0 0 0 0 0 0	
3.	Full Name (Last, First, Middle Initial) Dr. Paul T David			Date of Receipt
	Mailing Address			M M / D D / Y Y Y Y
	3507 Chuparosa Dr	01-1-	7'- O-d-	12 06 2006
	City	State	Zip Code	Transaction ID: 18239140
	Santa Barbara	CA	93105-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Los Robles Reá Med Ctr FD	Occupation		
			cy Physician	4
	Receipt For:  Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
•	Full Name (Last, First, Middle Initial) Dr. Ramon W Johnson			Date of Receipt
٠.	Mailing Address			M M / D D / Y Y Y Y
	26921 La Alameda # 3222	!		12 08 2006
	City	State	Zip Code	Transaction ID: 18239196
	Mission Viejo	CA	92691-7374	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Mississ Hosp	Occupation		7
			cy Physician	
		Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1100.00	
	(obsent) \		0 0 0 0 0 0 0	
<u> </u>	UPTOTAL of Descipto This David (autisms!)		_	1350.00
5	UBTOTAL of Receipts This Page (optional)		<u> </u>	
T	OTAL This Period (last page this line number only)	)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 69			
	EMIZED RECEIPTS	or each category of the		(check only one)			
11	TI LIMIZED NEGLIF 13		Detailed Summary Page	X 11a 11b 11c 12			
				13 14 15 16 17			
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.			
$\setminus$	NAME OF COMMITTEE (In Full)						
$\rangle$	National Emergency Medicine Political A	Action Com	nmittee				
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Lewis Dickson			Date of Receipt			
	Mailing Address 512 Noel Dr			12 04 2006			
	City	State	Zip Code	Transaction ID: 18239217			
	Longview	TX	75602-1814	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		365.00			
	Name of Employer Robert Lewis Dickson, MD	Occupation Emergen	n cy Physician	7			
	Receipt For:		Year-to-Date ▼				
	Primary General	00 0		1			
	Other (specify) ▼		465.00				
В.	Full Name (Last, First, Middle Initial) Dr. Bill Harshbarger			Date of Receipt			
	Mailing Address	M M / D D / Y Y Y Y					
	W301 N 3252 Windrush	12 04 2006					
	City	Transaction ID: 18239219					
	Pewaukee	WI	53072	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		100.00			
	Name of Employer	Occupation	า	┪			
	W Allis Mem Hósp	Emergen	cy Physician				
	Receipt For:	·	Year-to-Date ▼				
	Primary General			1			
	Other (specify) ▼	0 0	350.00				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Manuel E Lopez Diaz			Date of Receipt			
	Mailing Address 3103 SW 156th PI			12 04 YYYY 12 04 2006			
	City	State	Zip Code	Transaction ID: 18239221			
	Miami	FL	33185-4920	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		500.00			
	Name of Employer Manuel E Lopez Diaz, MD, FACEP	Occupation Emergen	n cy Physician	7			
	Receipt For:	Aggregate	Year-to-Date ▼	7			
	Primary General		1000.00	1			
	Other (specify) ▼	, – 1000 00					
	LIDTOTAL of December This December 1			965.00			
$\vdash$	UBTOTAL of Receipts This Page (optional)						

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 48 / 69
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one)    X   11a
Ar or	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Action	n Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Gary Figge			Date of Receipt
	Mailing Address  8039 N Tuscany Dr  City  S	tate	Zip Code	1 2 0 7 2 0 0 6 Transaction ID: 18239223
		λZ	85742-4348	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		33.12.10.10	250.00
	NIM Mod Ctr	cupation nergen	n cy Physician	
	Receipt For:  Primary  General  Other (specify) ▼	gregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Dr. Michael S Lippe Mailing Address			Date of Receipt
	40 Hutton Dr			12 006
	•	tate	Zip Code	Transaction ID: 18239226
	<u>Mahwah</u> N	IJ	07430-2986	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Good Samaritan Hoon	cupatior nergen	n cy Physician	
	Receipt For:  Primary  General  Other (specify) ▼	gregate	Year-to-Date ▼ 500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Philip M Shultz			Date of Receipt
	Mailing Address  9202 Waterside St # 202		7'- 0-4-	12 07 2006
	,	tate VI	Zip Code 53562-5086	Transaction ID: 18239230  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			300.00
	Madican Emor Dhye	cupatior nergen	n cy Physician	
_	Receipt For:  Primary  General  Other (specify) ▼	gregate	Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)			800.00
Ļ	OTAL This Period (last page this line number only)			

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 49 / 69 (check only one)					
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X   11a     11b     11c     12					
			Detailed Guillinary Fage	13 14 15 16 17					
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ments may me and add	not be sold or used by any perso lress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.					
$\overline{}$	NAME OF COMMITTEE (In Full)								
$\rangle$	National Emergency Medicine Political Ad	ction Com	mittee						
۹.	Full Name (Last, First, Middle Initial) Dr. David Neil DuBois			Date of Receipt					
	Mailing Address 51 Abbottsford Dr			1 2 1 5 2 0 0 6					
	City	State	Zip Code	Transaction ID: 18239239					
	Pinehurst	NC	28374-9757	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		500.00					
	Sandhille Emerá Phye	Occupation Emergen	o cy Physician						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		1600.00						
3.	Full Name (Last, First, Middle Initial) Dr. Carter D Hill			Date of Receipt					
	Mailing Address			12 15 2006					
	6805 SE 32nd St City	State	Zip Code	Transaction ID: 18239241					
	Mercer Island	WA	98040-2555	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Holland American & Windst-	Occupation Emergen	n cy Physician						
	er Paceipt For:		Year-to-Date ▼						
	Primary General Other (specify) ▼		400.00						
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Shabbir Kanji			Date of Receipt					
	Mailing Address 6726 Keating Ave			1 2 1 5 2 0 0 6					
	City	State	Zip Code	Transaction ID: 18239243					
	Lincolnwood	IL	60712-3306	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		365.00					
	Good Shopbord Hoop ED	Occupation Emergen	cy Physician						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 565.00						
SI	SUBTOTAL of Receipts This Page (optional)								
т	OTAL This Period (last page this line number only	y)	<b>)</b>						

## SCHEDULE A (FEC Form 3X)

PAGE 50 / 69 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the ITEMIZED RECEIPTS 11a 11b 11c **Detailed Summary Page** 13 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. Brian Patrick Lowry Date of Receipt Mailing Address 12 2006 15 3641 Springs Rd NE City State Zip Code Transaction ID: 18239244 **Hickory** NC 28601-7783 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Name of Employer Carteret Gen Hosp Occupation Emergency Physician Aggregate Year-to-Date ▼ Receipt For: Primary General 750.00 Other (specify) Full Name (Last, First, Middle Initial) B. Dr. Timothy Grant McNaughton Date of Receipt Mailing Address 15 2006 1617 W Olive Ave City State Zip Code Transaction ID: 18239245 Redlands CA 92373-4841 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Name of Employer Loma Linda University Occupation **Emergency Physician** Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) C. Dr. Jeffrey B Thompson Date of Receipt Mailing Address 2006 12 15 PO Box 12779 City State Zip Code Transaction ID: 18239248 Beaumont TX Amount of Each Receipt this Period FEC ID number of contributing C 750.00 federal political committee. Name of Employer Christus St Elizabeth Hosp Occupation Emergency Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 850.00 Other (specify) 1050.00 SUBTOTAL of Receipts This Page (optional) .....

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 51 / 69
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page		11c 12 15 16 17
Ar	y information copied from such Reports and S for commercial purposes, other than using the	tatements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting solicit contributions from su	g contributions ch committee.
7	NAME OF COMMITTEE (In Full)				
$\rangle$	National Emergency Medicine Political	Action Con	nmittee		
Α.	Full Name (Last, First, Middle Initial) Dr. Andrew I Bern			Date of Receipt	
	Mailing Address 9846 NW 18th St			12 18	2006
	City	State	Zip Code	Transaction ID: 1820	39250
	Coral Springs	FL	33071-5826	Amount of Each Rece	ipt this Period
	FEC ID number of contributing federal political committee.	C			83.00
	Name of Employer Inphynet Team Hith	Occupatio	n ncy Physician		
	Receipt For:		e Year-to-Date ▼		
	Primary General		000.00	1	
	Other (specify) ▼	0 0	839.00		
В.	Full Name (Last, First, Middle Initial) Dr. Dina Esterowitz			Date of Receipt	
	Mailing Address			M M / D D /	
	251 Glen Oban Dr City	State	Zip Code	12 18	2006
	Arnold	MD	21012-2110	Transaction ID: 1823	
			21012-2110	Amount of Each Rece	<del></del> .
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Anne Arundel Med Ctr	Occupatio Emergen	n ncy Physician		
	Receipt For:		e Year-to-Date ▼		
	Primary General		350.00	1	
	Other (specify) ▼		330.00	J	
C.	Full Name (Last, First, Middle Initial) Dr. Gene Ma			Date of Receipt	
	Mailing Address			12 18	2006
	8041 Calle Pinon City	State	Zip Code	Transaction ID: 1820	
	Carlsbad	CA	92009-6969	Amount of Each Rece	
	FEC ID number of contributing			7 Amount of Edon Floor	
	federal political committee.	C			200.00
	Name of Employer Tri City Emerg Med Gp	Occupatio Emerger	n ncy Physician		
			e Year-to-Date ▼		
	Primary General		250.00	1	
	Other (specify) ▼		250.00	1	
		ı			F00.00
s	UBTOTAL of Receipts This Page (optional)		······································		533.00
1					1

SCHEDULE A (FEC Form 3X	()	Use separate schedule(s)	FOR LINE NUMBER: PAGE 52/69
ITEMIZED RECEIPTS	•	or each category of the	(check only one)
TEMPLE RESERVED		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports an	d Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using	the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Politi	cal Action Com	nmittee	
/ Full Name (Lost First Middle Initial)			
Full Name (Last, First, Middle Initial)  A. Dr. John Cyrus Moghtader			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
251 Glen Oban Dr			12 18 2006
City	State	Zip Code	Transaction ID: 18239257
Arnold	MD	21012-2110	Amount of Each Receipt this Period
FEC ID number of contributing	С		250.00
federal political committee.			
Name of Employer	Occupation	n	7
Anne Aroundel Med Ctr	Emergen	cy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		450.00	1
Other (specify)	0 0	100.00	
Full Name (Last, First, Middle Initial)			
3. Dr. Damon J Negri			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
47 Clearwater Dr			12 18 2006
City	State	Zip Code	Transaction ID: 18239259
<u>Dover</u>	NH	03820-9109	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
rederar politicar committee.			
Name of Employer Portsmouth Regl Hosp	Occupation	n	
		cy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		250.00	
Carlot (Specify)		1 1 1 1 1 1 1	1
Full Name (Last, First, Middle Initial)	1		
Dr. Robert J Tubbs			Date of Receipt
Mailing Address			12 18 2006
21 Hines Rd City	State	Zip Code	Transaction ID: 18239263
Cumberland	RI	02864-6179	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1 1 1	
federal political committee.	C		250.00
Name of Employer	10		
Name of Employer Rhode Island Hosp	Occupation	n cy Physician	
Receipt For:	<del>-</del>	e Year-to-Date <b>V</b>	$\dashv$
Primary General	, iggi egale		1
Other (specify) ▼		250.00	
			750.00
SUBTOTAL of Receipts This Page (optional	)	······	750.00
TOTAL This Period (last page this line numb	oer only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 53 / 69				
ıт	EMIZED RECEIPTS		or each category of the	(check only one)				
TI LIMIZED TILOLII 13			Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
	National Emergency Medicine Political A	Action Con	nmittee					
Α.	Full Name (Last, First, Middle Initial) Dr. Dan Donnell			Date of Receipt				
	Mailing Address 2804 Cactus Dr			12 21 2006				
	City	State	Zip Code	Transaction ID: 18239264				
	Edmond	OK	73013-7936	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		500.00				
	Name of Employer Midwest City Regional Hosp	Occupation Emergen	n cy Physician					
	Receipt For:		Year-to-Date ▼					
	Primary General	1 1		1				
	Other (specify) ▼	0 0	500.00					
В.	Full Name (Last, First, Middle Initial) Dr. Edwidg Eugene			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	5619 Mirador Cir			12 21 2006				
	City	State	Zip Code	Transaction ID: 18239265				
	Shreveport	LA	71119-4009	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		250.00				
	Name of Employer	Occupation	า	7				
	Springhill Med Ctr	Emergen	cy Physician					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		400.00	1				
	Other (specify)		400.00	1				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Gary Figge			Date of Receipt				
	Mailing Address 8039 N Tuscany Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	City	State	Zip Code	Transaction ID: 18239266				
	Tucson	ΑZ	85742-4348	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
NIM Mod Ctr		Occupation Emergen	n cy Physician					
			Year-to-Date ▼					
	Primary General	33 - 3 - 1		1				
	Other (specify) ▼		400.00	]				
	LIDTOTAL of Descript This Day (1911)			900.00				
S	UBTOTAL of Receipts This Page (optional)							

## S

S	CHEDULE A (FEC Form 3X)			FOF	R LINE N	IUMBEI	₹:	PAGE	54/6	69
•		Use separate schedule(s) or each category of the		(che	(check only one)					
ITEMIZED RECEIPTS		Detailed Summary Page		X	11a	11b	Ц	11c	12	
					13	14	Ш	15	16	17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	on for th solicit	ne purpo contribu	se of so tions fro	licitir m sı	ng contr uch com	ibution nmittee	S.		
$\setminus$	NAME OF COMMITTEE (In Full)									
$ \rangle$	National Emergency Medicine Political A	Action Com	ımittee							
_	Full Name (Last, First, Middle Initial)									
Α.	Dr. Charles C Hartness  Mailing Address			-   -	Date of F		D.		YY	V
	645 Pulaski St				м м 1 2		1		200	
	City	State	Zip Code	T	ransact	ion ID:	182	39267		
	Athens	GA	30601-2348		Amount o	of Each	Rec	eipt this	Period	t
	FEC ID number of contributing federal political committee.	С				'			200.	00
	Name of Employer Regional FirstCare	Occupation								
	Receipt For:	<u> </u>	cy Physician Year-to-Date ▼	_						
	Primary General	Aggregate		- 1						
	Other (specify) ▼		400.00							
В.	Full Name (Last, First, Middle Initial) Dr. Gloria J Kuhn				Date of F	Receipt				
	Mailing Address				м м 1 2		D /		y y 2 0 0	
	30062 White Hall Dr City	State	Zip Code	- L	ransact				_	O
	Farmington HIs	MI	48331-1994		Amount o					
	FEC ID number of contributing			П		-	-	1 1	300.	
	federal political committee.	C		L					300.	00
	Name of Employer Med Ctr Emer Sycs	Occupation								
			cy Physician							
	Receipt For:  Primary  General	Aggregate	Year-to-Date ▼	-						
	Other (specify) ▼		400.00							
	Full Name (Last, First, Middle Initial)									
C.	Dr. Jeff Peter Vista				Date of F	Receipt				
	Mailing Address 165 Bermuda Cir				м м 1 2		D /	Y	2 0 0	
	City	State	Zip Code	T	ransact	ion ID:	182	39274		
	Niceville	FL	32578		Amount o	of Each	Rec	eipt this	Perioc	ŀ
	FEC ID number of contributing federal political committee.							200.	00	
	Name of Employer HQ AFSOC/SGOH	Occupation Emergen	n cy Physician							
	Receipt For:		Year-to-Date ▼							
	Primary General		400.00	11						
	Other (specify)		100.00	1						
	L						-			
s	UBTOTAL of Receipts This Page (optional)			L					700.0	00
$\vdash$	· · · · · · · · · · · · · · · · · · ·		•	- г					-	

9	CHEDIII E A (EEC Form 2V)			FOR LINE NUMBER: PAGE 55 / 69				
	CHEDULE A (FEC Form 3X)	Use separate schedule(s)		(check only one)				
IT	EMIZED RECEIPTS	or each category of the		X 11a  11b  11c  12				
			Detailed Summary Page	13 14 15 16 17				
Δr	y information copied from such Reports and Sta	atomonte may	r not be cold or used by any person					
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	o solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full)		•					
$  \rangle$	National Emergency Medicine Political	Action Com	ımittee					
	Trational Emergency Medicine Folitical	Action Com						
	Full Name (Last, First, Middle Initial)							
A.	Dr. Suzanne Ruth White			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	23701 Wilmarth St			12 21 2006				
	City	State	Zip Code	Transaction ID: 18239276				
	<u>Farmington</u>	MI	48335-3566	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		1000.00				
	federal political committee.							
	Name of Employer	Occupation	1	$\dashv$				
	Name of Employer Detroit Receiving Hosp		cy Physician					
	Receipt For:		Year-to-Date ▼	7				
	Primary General	00 0		1				
	Other (specify) ▼		1000.00					
				4				
	Full Name (Last, First, Middle Initial)							
В.	Dr. Craig D Boone			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	23845 State Rd 37 N	01-1-	7's Osda	12 28 2006				
	City	State	Zip Code	Transaction ID: 18239277				
	Noblesville	IN	46060-6960	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		500.00				
	federal political committee.							
	Name of Employer	Occupation	1	7				
	EMGI	Emergen	cy Physician					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		500.00	1				
	Other (specify)		500.00					
C	Full Name (Last, First, Middle Initial) Dr. Gregory Cannon			Date of Receipt				
٥.	Mailing Address			M M / D D / Y Y Y Y				
	129 Loch Pointe Dr			12 28 2006				
	City	State	Zip Code	Transaction ID: 18239278				
	Cary	NC	27518-8418	Amount of Each Receipt this Period				
	FEC ID number of contributing			050.00				
	federal political committee.	C		250.00				
	Name of Canalassas	10		_				
	Name of Employer Wake Emerg Phys	Occupation	n cy Physician					
			Year-to-Date <b>V</b>	$\dashv$				
	Receipt For:  Primary  General	Aggregate	ו במו־נט־טמול 🔻	-				
	Other (specify)		350.00					
	Caror (opcony) 🔻	0 0	0 0 0 0 0 0 0	1				
_	UBTOTAL of Receipts This Page (optional)			1750.00				
$\vdash$	ODITIAL OF NECERPLS THIS Page (OPLICHA)							

				FOR LINE NUMBER: PAGE 56 / 69				
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the	X 11a  11b  11c  12				
			Detailed Summary Page					
				13 14 15 16 17				
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any perso Iress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
abla	NAME OF COMMITTEE (In Full)							
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee					
Α.	Full Name (Last, First, Middle Initial) Dr. Kent Isaac Cohen			Date of Receipt				
	Mailing Address 485 Londonberry Rd			12 28 2006				
	City	State	Zip Code	Transaction ID: 18239279				
	Atlanta	GA	30327-4951	Amount of Each Receipt this Period				
		G/ (	00027 4001	Amount of Each fleedpt this Feriod				
	FEC ID number of contributing federal political committee.	C		75.00				
	Name of Employer Kent Isaac Cohen, MD, FAC- EP	Occupation Emergen	n cy Physician					
	Receipt For:		Year-to-Date ▼					
	Primary General	00 0		1				
	Other (specify) ▼		225.00					
				1				
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Brian J Kelly			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	15 Miscoe Brook Dr			12 28 2006				
	City	State	Zip Code	Transaction ID: 18239280				
	Wrentham	MA	02093-1840	Amount of Each Receipt this Period				
	FEC ID number of contributing							
	federal political committee.	C		250.00				
	Name of Employer Sturdy Memorial Hosp	Occupation	1					
	Sturdy Memorial Hosp	Emergen	cy Physician					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		250.00	1				
	Other (specify) ▼		350.00					
_								
C.	Full Name (Last, First, Middle Initial) Dr. Amy S Archer Uyenishi			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	21387 Prescott Ct			12 29 2006				
	City	State	Zip Code	Transaction ID: 18247125				
	Kildeer	IL	60047-8859	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.			83.33				
	Name of European	10						
Name of Employer Resurrection Med Ctr		Occupation						
			cy Physician	$\dashv$				
	Receipt For:	Aggregate	Year-to-Date ▼	_				
	Primary General		249.99					
	Other (specify) ▼		273.33					
_								
s	UBTOTAL of Receipts This Page (optional)			408.33				
$\vdash$	,			-				

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57/69
ITEMIZED RECEIPTS		or each category of the	(check only one)
TEMPLE HEOLH 10		Detailed Summary Page	X   11a   11b   11c   12   15   16   17
Any information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
National Emergency Medicine Political	Action Con	nmittee	
Full Name (Last, First, Middle Initial)  1. Dr. Brien Alfred Barnewolt			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
68 Greenlawn Ave			12 29 2006
City	State	Zip Code	Transaction ID: 18247126
Newton	MA	02459-1714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer New England Med Ctr	Occupation	n	7
		icy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		249.99	
Other (specify)	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)  3. Dr. Frederick C Blum			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
1470 Point Marion Rd			12 29 2006
City	State	Zip Code	Transaction ID: 18247127
Morgantown	WV	26508-1454	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		83.33
Name of Employer RCB-HSC	Occupation		
		icy Physician	
Receipt For:  Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)	' '	917.99	
	0 0	0 0 0 0 0 0 0	1
Full Name (Last, First, Middle Initial)  Dr. Keith Thomas Borg			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
145 Oyster Point Row			12 29 2006
Charleston	State	Zip Code	Transaction ID: 18247130
Charleston	SC	29412-3632	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Med Univ of SC	Occupation	n	┥
		cy Physician	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		300.00	
Unier (specify)			
SUBTOTAL of Receipts This Page (optional)			266.66
OUDITAL OF NECERPLS THIS FAGE (OPHORIAL)			
TOTAL This Period (last page this line number of	only)		

				1				
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 58 / 69				
ıт	EMIZED RECEIPTS		or each category of the	(check only one)				
II LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12				
				13 14 15 16 17				
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
$\rangle$	National Emergency Medicine Political A	Action Com	nmittee					
Α.	Full Name (Last, First, Middle Initial) Dr. Michael C Christopher			Date of Receipt				
	Mailing Address 5129 N Saddle Rock Ln			12 29 2006				
	City	State	Zip Code	Transaction ID: 18247131				
	Phoenix	AZ	85018-1828	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		100.00				
	Name of Employer EMPower Emerg Phys PC	Occupation Emergen	n cy Physician					
	Receipt For:		e Year-to-Date ▼					
	Primary General			1				
	Other (specify) ▼	0 0	1300.00					
В.	Full Name (Last, First, Middle Initial) Dr. Clifford Erickson			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	5309 Ellington Ct	12 29 2006						
	City	State	Zip Code	Transaction ID: 18247132				
	Newburgh	IN	47630-3170	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		40.00				
	Name of Employer Clifford Erickson, MD, FA-	Occupation	n	7				
	Clifford Erickson, MD, FA- CEP	Emergen	cy Physician					
	Receipt For:	Aggregate	e Year-to-Date ▼					
	Primary General		200.00	1				
	Other (specify) ▼		320.00					
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Diana L Fite			Date of Receipt				
	Mailing Address PO Box 2029			12 29 2006				
	City	State	Zip Code	Transaction ID: 18247133				
	Waller	TX	77484-2029	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C		90.00				
	Moth Willowbrook Hoon ED		n cy Physician					
Receipt For:			Year-to-Date ▼	7				
	Primary General		222.22	1				
	Other (specify) ▼		320.00	]				
				230.00				
S	UBTOTAL of Receipts This Page (optional)		······	-				

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 59 / 69				
•			Use separate schedule(s)	(check only one)				
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Summary Page	13 14 15 16 17				
Ar	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.				
$\setminus$	NAME OF COMMITTEE (In Full)							
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee					
	0							
	Full Name (Last, First, Middle Initial)							
Α.				Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
	1133 Pond Cypress Dr			12 29 2006				
	City	State	Zip Code	Transaction ID: 18247134				
	Virginia Bch	VA	23455-6859	Amount of Each Receipt this Period				
	FEC ID number of contributing	С		85.00				
	federal political committee.							
	Name of Employer	Occupation	า	+				
	Name of Employer Emergency Phys of Tidewat-		cy Physician					
	er Receipt For:		Year-to-Date ▼	+				
	Primary General	7.99.094.0		1				
	Other (specify) ▼		755.00					
			0 0 0 0 0 0 0					
	Full Name (Last, First, Middle Initial)							
В.	Dr. Marsha D Ford			Date of Receipt				
	Mailing Address			M M / D D / Y Y Y Y				
	6836 Alexander Rd			12 29 2006				
	City	State	Zip Code	Transaction ID: 18247135				
	Charlotte	NC	28270-2804	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		41.67				
	federal political committee.	0						
	Name of Employer	Occupation	า	7				
	Carolinas Mèd Ctr ED	Emergen	cy Physician					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	111		1				
	Other (specify)		797.01					
_	Full Name (Last, First, Middle Initial)			Date of Receipt				
C.	Dr. Michael Joseph Gerardi Mailing Address			Date of Receipt				
	29 Heritage Ct			12 29 2006				
	City	State	Zip Code	Transaction ID: 18247136				
	Randolph	NJ	07869-3534	Amount of Each Receipt this Period				
	FEC ID number of contributing		· · · · · · · ·					
	federal political committee.	C		100.00				
	Name of Employer Emergency Medical Associa-	Occupation						
tes		·	cy Physician	_				
	Receipt For:	Aggregate	Year-to-Date ▼	. [				
	Primary General		775.00					
	Other (specify)		1.0.00					
_				226.67				
Ls	UBTOTAL of Receipts This Page (optional)		······					
1								

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 60 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\left. \right\rangle$	NAME OF COMMITTEE (In Full) National Emergency Medicine Political	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. Mylissa Amy Graber Mailing Address 3100 N Ocean Blvd # 14	405		Date of Receipt  1 2 2 9 2 0 0 6
	City Ft Lauderdale	State FL	Zip Code 33308-7191	Transaction ID: 18247137  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Coral Springs Med Ctr		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	]
В.	Full Name (Last, First, Middle Initial) Dr. Andrea L Green			Date of Receipt
	Mailing Address  5 Twin Springs Dr  City	State	Zip Code	1 2 2 9 2 0 0 6  Transaction ID: 18247138
	Arlington	TX	76016-4027	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Andrea L Green, MD, FACEP	Occupation Emergen	n cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 800.00	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Daniel G Hankins Mailing Address			Date of Receipt
	9652 55th Ave NW City	State	Zip Code	12 29 2006
	Oronoco	MN	55960-2218	Transaction ID: 18247140  Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Mayo Clinic		cy Physician	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
	IIRTOTAL of Receipts This Page (optional)			300.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 61/69
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI EIMIZED TIEGEN TO			Detailed Summary Page	X 11a 11b	11c   12
Δ.	we information against from a poly Departs and Ct	atamanta ma	, not be cold or used by one norse	n for the number of colin	15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	dress of any political committee to	solicit contributions from	such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	National Emergency Medicine Political	Action Com	nmittee		
	<u> </u>				
	Full Name (Last, First, Middle Initial)				
Α.	Dr. Jeffrey Alan Joseph			Date of Receipt	
	Mailing Address  14855 Tyler Mill Ct			12 29	
	City	State	Zip Code	Transaction ID: 18	
	Haymarket	VA	20169-2628	Amount of Each Re	
	FEC ID number of contributing			7 111100111 01 20011 11	<del></del> -
	federal political committee.	C			100.00
	V (5 )	10			
	Name of Employer Jeffrey Alan Joseph, DO,	Occupation	n cy Physician		
	FACEP Receipt For:		Year-to-Date ▼	_	
	Primary General	Aggregate	Flear-to-Date V	1	
	Other (specify)		1200.00		
				1	
	Full Name (Last, First, Middle Initial)				
В.	Dr. Jay Kaplan			Date of Receipt	
	Mailing Address			1 2 2 9	
	300 Oak Ave	State	Zip Code		
	San Anselmo	CA	94960-2703	Transaction ID: 18 Amount of Each Re	
			34300-2703	Amount of Each Ne	eceipi illis Feriod
	FEC ID number of contributing federal political committee.	C			100.00
	Name of Employer CA Emerg Phys Med Grp	Occupation			
			cy Physician		
	Receipt For:  Primary  General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	910.00		
		-			
_	Full Name (Last, First, Middle Initial)				
C.	Dr. Scott Jason Korvek			Date of Receipt	
	Mailing Address			1 2 2 9	
	240 Beverly Rd City	State	Zip Code	Transaction ID: 18	
	Pittsburgh	PA	15216-1462	Amount of Each Re	
	FEC ID number of contributing		10210 1102	Amount of Laciffic	· · · · · · · ·
	federal political committee.	C			100.00
		1-			
			cy Physician	$\dashv$	
			Year-to-Date ▼		
			500.00		
				1	
Г					
s	UBTOTAL of Receipts This Page (optional)		300.00		
$\vdash$			•	-	
T	OTAL This Period (last page this line number of	only)	<b>&gt;</b>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 62 / 69							
	· ·		Use separate schedule(s) or each category of the	(check only one)							
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12							
			, ,	13 14 15 16 17							
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions							
or	for commercial purposes, other than using the n	ame and add	iress of any political committee to	solicit contributions from such committee.							
	NAME OF COMMITTEE (In Full)										
	National Emergency Medicine Political A	Action Com	ımittee								
	Full Name (Last, First, Middle Initial)										
A.	Dr. William Alan May			Date of Receipt							
	Mailing Address			12 29 2006							
	515 Overlook Terr City	State	Zip Code	Transaction ID: 18247145							
	Cumberland	MD	21502-1815	Amount of Each Receipt this Period							
			21002 1010	Amount of Each receipt this renou							
	FEC ID number of contributing federal political committee.	C		83.33							
	Name of Employer Sacred Heart Hosp	Occupation	1	7							
	Sacred Heart Hosp		cy Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		283.33	1							
	Other (specify) ▼	0 0	1 1 1 1 1 1 1	1							
_	Full Name (Last, First, Middle Initial)			Date of Baselini							
В.	Dr. Michelle Marie McLean  Mailing Address			Date of Receipt							
	13876 Hearthstone Ln			12 29 2006							
	City	State	Zip Code	Transaction ID: 18247147							
	Hartland	MI	48353-3145	Amount of Each Receipt this Period							
	FEC ID number of contributing										
	federal political committee.	C		100.00							
	Name of Employer	Occupation	1	_							
	Saginaw Cooperative Hosp	Emergen	cy Physician								
	Receipt For:	Aggregate	Year-to-Date ▼								
	Primary General		900.00	1							
	Other (specify)	0 0	300.00								
_	Full Name (Last, First, Middle Initial)										
C.	Dr. Jacob Mark Meredith, III			Date of Receipt							
	Mailing Address 1231A Rt 532			12 29 2006							
	City	State	Zip Code	Transaction ID: 18247148							
	Chatsworth	NJ	08019-9711	Amount of Each Receipt this Period							
	FEC ID number of contributing			100.00							
	federal political committee.	C		100.00							
	Name of Employer Comm Med Ctr ED	Occupation									
	Receipt For:		cy Physician Year-to-Date ▼	_							
	Primary General	Aggregate	: rear-lu-Dale ▼	1							
	Other (specify)		300.00								
			1 1 1 1 1 1 1 1	1							
s	UBTOTAL of Receipts This Page (optional)			283.33							
$\vdash$											

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 63 / 69 (check only one)  X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	Action Com	nmittee	
Α.	Full Name (Last, First, Middle Initial) Dr. David L Meyers  Mailing Address  2301 Ken Oak Rd  City  Baltimore  FEC ID number of contributing federal political committee.  Name of Employer EmCare Inc  Receipt For: Primary Other (specify)		Zip Code 21209-4421  n cy Physician Year-to-Date ▼	Date of Receipt  M M M / 29 / 2006  Transaction ID: 18247149  Amount of Each Receipt this Period  100.00
3.	Full Name (Last, First, Middle Initial) Dr. Jeffrey R Nickel Mailing Address  2300 N Black Oak Dr City Angola  FEC ID number of contributing federal political committee.	State IN C	Zip Code 46703-8195	Date of Receipt  M M M / 29 / 2006  Transaction ID: 18247150  Amount of Each Receipt this Period  100.00
	Name of Employer Professional Emerg Phys Inc Receipt For: Primary General Other (specify)		ocy Physician  Year-to-Date ▼  900.00	
C.	Full Name (Last, First, Middle Initial) Dr. Lee E Payne Mailing Address  904 Luke St  City  Travis Afb  FEC ID number of contributing federal political committee.  Name of Employer David Grant Med Ctr  Receipt For: Primary General Other (specify)		Zip Code 94535-1354  n cy Physician e Year-to-Date ▼ 249.99	Date of Receipt    M   M   / 29
s	UBTOTAL of Receipts This Page (optional)			283.33
	OTAL This Period (last page this line number on			

ITEMIZED DECEIDTO   or each category of the   `-	check only one)  X 11a 11b 11c 12  13 14 15 16 17  In the purpose of soliciting contributions cit contributions from such committee.  Date of Receipt
Any information copied from such Reports and Statements may not be sold or used by any person for or for commercial purposes, other than using the name and address of any political committee to solice.  NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Action Committee.  Full Name (Last, First, Middle Initial)  Dr. Mark R Riser  Mailing Address  108 Balsamwood Ct  City  State  Zip Code  Cary  NC  27513-3456  FEC ID number of contributing federal political committee.  Name of Employer  Duke Univ Med Ctr  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial)  Dr. David William Ross  Mailing Address  15340 Raton Rd	13 14 15 16 17  In the purpose of soliciting contributions cit contributions from such committee.
or for commercial purposes, other than using the name and address of any political committee to solid  NAME OF COMMITTEE (In Full)  National Emergency Medicine Political Action Committee  Full Name (Last, First, Middle Initial)  Dr. Mark R Riser  Mailing Address  108 Balsamwood Ct  City  Cary  NC  27513-3456  FEC ID number of contributing federal political committee.  Name of Employer  Duke Univ Med Ctr  Receipt For:  Primary  General  Other (specify)   General  Other (specify)   Tull Name (Last, First, Middle Initial)  Dr. David William Ross  Mailing Address  15340 Raton Rd	r the purpose of soliciting contributions cit contributions from such committee.
National Emergency Medicine Political Action Committee  Full Name (Last, First, Middle Initial) Dr. Mark R Riser  Mailing Address  108 Balsamwood Ct  City State Zip Code Cary NC 27513-3456  FEC ID number of contributing federal political committee.  Name of Employer Duke Univ Med Ctr  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. David William Ross Mailing Address  15340 Raton Rd	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Mark R Riser  Mailing Address  108 Balsamwood Ct City Cary NC 27513-3456  FEC ID number of contributing federal political committee.  Name of Employer Duke Univ Med Ctr  Receipt For: Primary Other (specify) Other (specify)  Full Name (Last, First, Middle Initial) Dr. David William Ross Mailing Address  15340 Raton Rd	Date of Receipt
A. Dr. Mark R Riser  Mailing Address  108 Balsamwood Ct  City State Zip Code Cary NC 27513-3456  FEC ID number of contributing federal political committee.  Name of Employer Duke Univ Med Ctr  Receipt For: Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. David William Ross  Mailing Address  15340 Raton Rd	Date of Receipt
Total David William Ross    108 Balsamwood Ct	
Cary  FEC ID number of contributing federal political committee.  Name of Employer Duke Univ Med Ctr  Receipt For:  Primary  Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. David William Ross  Mailing Address  15340 Raton Rd	12 29 2006
FEC ID number of contributing federal political committee.  Name of Employer Duke Univ Med Ctr  Receipt For:  Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. David William Ross  Mailing Address  15340 Raton Rd	Transaction ID: 18247152  Amount of Each Receipt this Period
Receipt For:  Primary  Other (specify)   Full Name (Last, First, Middle Initial)  Dr. David William Ross  Mailing Address  15340 Raton Rd	83.33
Primary General Other (specify) ▼  Full Name (Last, First, Middle Initial) Dr. David William Ross  Mailing Address  15340 Raton Rd	
Other (specify) ▼ 1000.00  Full Name (Last, First, Middle Initial) Dr. David William Ross  Mailing Address  15340 Raton Rd	
Dr. David William Ross  Mailing Address  15340 Raton Rd	
15340 Raton Rd	Date of Receipt
	1 2 2 9 2 0 0 6
l I	Transaction ID: 18247154
Colorado Spgs CO 80921-2140	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer Front EM Specialties Inc  Emergency Physician	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼  749.99	
Full Name (Last, First, Middle Initial) Dr. Curtis Clinton Sandy	Date of Receipt
Mailing Address 1711 Bachelor Cir	12 29 2006
City State Zip Code	Transaction ID: 18247155
Pocatello ID 83201-2265	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	83.33
Name of Employer Portneuf Med Ctr  Emergency Physician	
Receipt For:  Aggregate Year-to-Date ▼  Primary General	
Other (specify) ▼ 249.99	
SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	249.99

				_								
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 69								
	EMIZED RECEIPTS		or each category of the	(check only one)								
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12								
			, ,	13 14 15 16 17								
Ar or	ly information copied from such Reports and Stati for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.								
abla	NAME OF COMMITTEE (In Full)											
$\rangle$	National Emergency Medicine Political A	ction Con	nmittee									
Α.	Full Name (Last, First, Middle Initial) Dr. Robert C Solomon			Date of Receipt								
	Mailing Address 214 Briar Path			12 29 2006								
	City	State	Zip Code	Transaction ID: 18247156								
	Imperial	PA	15126-9686	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		83.33								
	Name of Employer East Ohio Reg Hosp	Occupation Emergen	n cy Physician									
	Receipt For:		e Year-to-Date ▼									
	Primary General	00 0		1								
	Other (specify) ▼	0 0	500.02									
В.	Full Name (Last, First, Middle Initial) Mr Gordon Wheeler			Date of Receipt								
	Mailing Address ACEP 2121 K St NW Ste 325			12 29 2006								
	City	State	Zip Code	Transaction ID: 18247157								
	Washington	DC	20037-1886	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C		83.33								
	Name of Employer Gordon Wheeler	Occupation FEC	n									
	Receipt For:	Aggregate	e Year-to-Date ▼									
	Primary General			1								
	Other (specify) ▼	0 0	249.99									
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Ira R Nemeth			Date of Receipt								
	Mailing Address 3225 Turtle Creek Blvd A	nt 19/		12 29 2006								
	City	State	Zip Code	Transaction ID: 18381989								
	Dallas	TX	75219-5457	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	C	73213 3407	100.00								
	Name of Employer Ira R Nemeth, MD	Occupation Emergen	n cy Physician									
	Receipt For:  Primary General  Other (specify) ▼		e Year-to-Date ▼ 400.00									
s	UBTOTAL of Receipts This Page (optional)			266.66								
-				-								

44317.96

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 66 / 69 (check only one)  11a 11b 11c 12 13 14 15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full)  National Emergency Medicine Political A	Action Con	nmittee	
۹.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 CONNECTICUT A		7in Code	111 30 2006
	City	State DC	Zip Code	Transaction ID: 17887250
	WASHINGTON  FEC ID number of contributing federal political committee.	C	20036	Amount of Each Receipt this Period 781.65
	Name of Employer	Occupatio	n	1
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 12377.48	
3.	Full Name (Last, First, Middle Initial) SMITH BARNEY			Date of Receipt
	Mailing Address 1050 CONNECTICUT A	VE NW		12 31 2006
	City	State	Zip Code	Transaction ID: 18404076
	WASHINGTON	DC	20036	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1107.98
	Name of Employer	Occupatio	n	
	Receipt For:  Primary General  Other (specify) ▼	Aggregate	e Year-to-Date ▼ 13485.46	

SUBTOTAL of Receipts This Page (optional)	<b>•</b>	1889.63
TOTAL This Period (last page this line number only)	<b>•</b>	1889.63

# SCHEDULE B (FEC Form 3X)

		Use seperate schedule(s	i)		check o			n.			PAGE	5 67/6	99
П	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ĺ	21b		22	Х	23		24 [	25	<u> </u>
_		1			27	Ц	28a		28b		28c	29	30
	y Information copied from such Reports and State for commercial purposes, other than using the nan												S
Ë	NAME OF COMMITTEE (In Full)												
$ \rangle$	National Emergency Medicine Political Ac	tion Committee											
<u>/</u>	Full Name (Last, First, Middle Initial)					Τ.	Trans	aati	on ID:	. 170	05365		
A.	Ben Cardin For Senate						Date o	of D	isburs	ement		V • V •	V
	Mailing Address 38 Ivy Street, SE						1 2	М	ر ل <sup>ـ</sup> ٥	5 /	Y .	žοŏε	5
	City Washington	State Zip Code DC 20003					Amou	nt o	f Each	Disbu	urseme	nt this F	Period
	Purpose of Disbursement			_	-						-	3000.0	00
	Void - Ben Cardin For Senate		-	Ō.									
	Candidate Name Ben Cardin				gory/ pe								
	X Senate President	ement For: 2006 Primary General Other (specify)	•				/oid - ate	Ве	n Cai	rdin F	or Se	n-	
		General											
В.	Full Name (Last, First, Middle Initial)					'					53989		
٠.	Texans For Senator John Cornyn Inc						M	of D	isburse			V	V
	Mailing Address 6850 Austin Centre Blvd Suite 180						1"2	IVI	1	<b>4</b>	Ľ	žοŏε	
	City Austin	State Zip Code TX 78731					Amou	nt o	f Each	Disbu	ırseme	nt this F	Period
	Purpose of Disbursement			0	11							2000.0	00
	Candidate Name Sen. John Cornyn		Ca	ate	gory/ pe								
	X Senate President	ement For: 2003 Primary General Other (specify)	1		<u>r                                  </u>								
_	State: TX District: 2 2008 F  Full Name (Last, First, Middle Initial)	Primary											
C.	Rocky Mountain PAC						Date o	of D	isburs	ement			_
	Mailing Address 426 C Street, NE						<sup>M</sup> 2	М	<sup>/</sup> 1	9	Y	žοŏε	5 <sup>Y</sup>
	City	State Zip Code DC 20002					Amou	nt o	f Each	Disb	urseme	nt this F	Period
	Washington  Purpose of Dishursement	DC 20002	Ι_	_								1000.0	00
	Purpose of Disbursement							-					
	Candidate Name				gory/ pe								
	Office Sought: House Disburs Senate President	ement For:  Primary General  Other (specify) ▼	•										
_	State: District:			_									
s	UBTOTAL of Disbursements This Page (optional)				<b>•</b>			-	-			0.0	00
						•					-	-	
I T	OTAL This Period (last page this line number only	)			•	•							

S	CHEDULE B (FE	C Form 3	<b>X)</b> [			- 1		ואו א	_ NII	INADE	n.					CO /	20	
		·		erate schedule(s) category of the		_	FOR LINE NUMBER: PAGE 68 / 69 (check only one)											
11	EMIZED DISBU	KSEWEN	15		Summary Page			21b 27	À	22 28a	Х	23 28b		24 28c	P	25 29		26 30b
	y Information copied from for commercial purposes,																S	
Λ	NAME OF COMMITTEE	E (In Full)																
$\mathbb{Z}$	National Emergency	Medicine Pol	litical Actio	on Comm	nittee													
A.	Full Name (Last, First, N VINE PAC	fiddle Initial)								Date o	f Di	sburs	en			V	V	
		6 Massachus ite 508	etts Avenu	ıe, NE						1 <sup>M</sup> 2	VI		1 9		2	οŏ	3	
	City Washington			itate DC	Zip Code 20002					Amou	nt o	f Each	ı D	isburse	-			od
	Purpose of Disbursemen	nt					01	1			_			-	1	000.	00	
	Candidate Name						teg Гур	ory/ e										
	s	louse Senate President		nent For: Primary Other (spe	General													
	State: Distr	ict:																
	Full Name (Last, First, N	fiddle Initial)							-	Γrans	acti	on ID	: 1	82433	67			
В.	Abercrombie For Co	ngress								Date o	of Di	sburs	en	nent				
	Mailing Address C/O 1357 Kapiolani Blvd. Ste. 1005									<sup>M</sup> 2	M .	<sup>/</sup> D <sub>3</sub>	3 1	) / Y	ž	οŏ	3 Y	
	City Honolulu			itate -II	Zip Code 96814					Amou	nt o	f Each	ı D	isburse				od
	Purpose of Disbursement Void - Abercrombie For						01	1			_		0	-	-2	2500.	00	
	Candidate Name Rep. Neil Abercromb	oie .					teg Гур	ory/ e										
	S	louse Senate President	X	Primary Other (spe	2006 General					oid - gres:		ercro	m	bie Fo	r Co	)-		
	State: HI Distr	ict: 1	2006 Ge	neral														

SUBTOTAL of Disbursements This Page (optional)	•	-1500.00
TOTAL This Period (last page this line number only)	•	-1500.00

### Image# 27930645046

0			-	
	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE NUMI (check only one)	BER: PAGE 69/69
IT	EMIZED DISBURSEMENTS	for each category of the		☐ 23 ☐ 24 ☐ 25 ☐ 26
		Detailed Summary Page	21b 22 27 28	
An	y Information copied from such Reports and State	ments may not be sold or used		
	for commercial purposes, other than using the nan			
Λ	NAME OF COMMITTEE (In Full)			
17	National Emergency Medicine Political Ac	ction Committee		
$\mathbb{L}$				
	Full Name (Last, First, Middle Initial)		Tra	nsaction ID: 17887122
Α.	CHASE BANK		Dat	te of Disbursement
	Moiling Address FAS FAST JOUN CADD		M	
	Mailing Address 545 EAST JOHN CARP	ENTER FRWY	L.	2000
	City	State Zip Code	Am	ount of Each Disbursement this Period
	IRVING	TX 75062		
	Purpose of Disbursement		001	1205.13
	Candidate Name		Category/	
	Odildidde Name		Type	
	Office Sought: House Disburs	sement For:	. , , , ,	
	Senate	Primary General		
	President	Other (specify) ▼		
	State: District:			
	Full Name (Last, First, Middle Initial)		Tra	nsaction ID: 18404074
В.	CHASE BANK			te of Disbursement
			M	2 M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 545 EAST JOHN CARP	ENTER FRWY	1	2 M / 3 1 / Y 2 0 0 6 Y
	City	State Zip Code	Am	ount of Each Disbursement this Period
	IRVING	TX 75062		
	Purpose of Disbursement			375.42
			001	
	Candidate Name		Category/	
			Туре	
	ÿ	sement For:		
	Senate	Primary General		
	President	Other (specify)		
	State: District:			

SUBTOTAL of Disbursements This Page (optional)	<b>•</b>	1580.55
TOTAL This Period (last page this line number only)	<b>•</b>	1580.55