

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐ Check if different than previously reported. (ACC)

Irving

TX

75038

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00140061

3. IS THIS REPORT

☐

NEW (N)

OR

☒

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
07 01 2012

through

M M M / D D D / Y Y Y Y Y Y
09 30 2012

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

Type or Print Name of Treasurer Phyllis Edans CPA, CAE

Signature of Treasurer

Phyllis Edans CPA, CAE

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
03 11 2013

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

Office
Use
OnlyFEC FORM 3X
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2012 To: M M / D D / Y Y Y Y Y Y
09 30 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		798835.64
(b) Cash on Hand at Beginning of Reporting Period.....	734910.75	
(c) Total Receipts (from Line 19)	174911.45	728547.04
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	909822.20	1527382.68
7. Total Disbursements (from Line 31)	260500.38	878060.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	649321.82	649321.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2012

To:

 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012
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).....

72810.17

326977.00

(ii) Unitemized

101950.30

391246.11

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

174760.47

718223.11

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

174760.47

723223.11

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

4500.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

150.98

823.93

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 Transfers (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))..... ▶

174911.45

728547.04

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

174911.45

728547.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2000.00	2000.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2000.00	2000.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	248000.00	858500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	510.00	1165.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	510.00	1165.00
29. Other Disbursements	9990.38	16395.86
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	260500.38	878060.86
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	260500.38	878060.86

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	174760.47	723223.11
34. Total Contribution Refunds (from Line 28(d))	510.00	1165.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	174250.47	722058.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	2000.00	2000.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	2000.00	2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kenneth Ahonen

Mailing Address 60 Ocean Front Dr

City

Key Largo

State

FL

Zip Code

33037-4240

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mariners Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1796286

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James B Aiken

Mailing Address 81 Yosemite Dr

City

New Orleans

State

LA

Zip Code

70131-8661

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. James B Aiken

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790430

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Thomas E Andres

Mailing Address 4019 Doe Creek Dr

City

Floyds Knobs

State

IN

Zip Code

47119-9651

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Louisville Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1789621

Amount of Each Receipt this Period

100.00

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

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

600.00

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

Use separate schedule(s)
for each category of the
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(check only one)

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert David Argand

Mailing Address 1645 Adobe Dr

City State Zip Code
Pacifica CA 94044-4048

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Robert David Argand

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 03 / 2012

Transaction ID : C1804215

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City State Zip Code
Minneapolis MN 55416-4626

FEC ID number of contributing federal political committee.

C

Name of Employer

Mayo Cln-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790529

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City State Zip Code
Minneapolis MN 55416-4626

FEC ID number of contributing federal political committee.

C

Name of Employer

Mayo Cln-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814562

Amount of Each Receipt this Period

83.33

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

266.66

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brent Asplin

Mailing Address 3150 Excelsior Blvd

City

Minneapolis

State

MN

Zip Code

55416-4626

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo ClnC-Chair Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829364

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794153

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814561

Amount of Each Receipt this Period

100.00

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

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

283.37

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bruce S Auerbach

Mailing Address 211 Park St

Sturdy Meml Hosp

City

Attleboro

State

MA

Zip Code

02703-3143

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829347

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790468

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814564

Amount of Each Receipt this Period

83.33

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

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

266.66

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

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

FOR LINE NUMBER: PAGE 10 OF 164
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brien Alfred Barnewolt

Mailing Address 68 Greenlawn Ave

City

Newton Center

State

MA

Zip Code

02459-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

New England Med Ctr Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.64

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829355

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Robert L Baron

Mailing Address 4631 E Solano Dr

City

Phoenix

State

AZ

Zip Code

85018-1280

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Pro Svcs PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : C1786870

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Dara Batki

Mailing Address 3341 Single Peak

City

San Antonio

State

TX

Zip Code

78261-1817

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Duncan Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1799205

Amount of Each Receipt this Period

250.00

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

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

583.33

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

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 11 OF 164
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael P Bellino

Mailing Address 714 Mawman Ave

City State Zip Code
 Lake Bluff IL 60044-2008

FEC ID number of contributing
federal political committee.

C

Name of Employer

N Chicago VA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 16 2012

Transaction ID : C1788866

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
 Coral Springs FL 33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 17 2012

Transaction ID : C1790431

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Andrew I Bern

Mailing Address 9846 NW 18th St

City State Zip Code
 Coral Springs FL 33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 25 2012

Transaction ID : C1814565

Amount of Each Receipt this Period

83.33

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

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

666.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew I Bern

Mailing Address 9846 NW 18th St

City

Coral Springs

State

FL

Zip Code

33071-5826

FEC ID number of contributing
federal political committee.

C

Name of Employer

Inphynet Team Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829350

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Gregory J Bjerke

Mailing Address 2973 Peterson Pkwy N

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford-Meritcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2012

Transaction ID : C1788758

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Gregory J Bjerke

Mailing Address 2973 Peterson Pkwy N

City

Fargo

State

ND

Zip Code

58102-1752

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sanford-Meritcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 07 / 2012

Transaction ID : C1804217

Amount of Each Receipt this Period

200.00

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

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

1283.37

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

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

FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790143

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814563

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Frederick C Blum

Mailing Address 1470 Point Marion Rd

City

Morgantown

State

WV

Zip Code

26508-1454

FEC ID number of contributing
federal political committee.

C

Name of Employer

WV Univ Hosps

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829344

Amount of Each Receipt this Period

83.37

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

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

250.03

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

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

FOR LINE NUMBER: PAGE 14 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Bolden

Mailing Address 3011 Rock Springs Rd

City State Zip Code
Charlotte NC 28226-7357

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jason Bolden, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814567

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Keenan M Bora

Mailing Address 3475 Ridgeline Ct

City State Zip Code
Ann Arbor MI 48105-2500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wayne State Univ/Detroit Rec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790545

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Shawn Martin Borich

Mailing Address 16007 Pine Vale Pl

City State Zip Code
Midlothian VA 23113-6392

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Shawn Martin Borich

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1808145

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jennifer H Bradstreet

Mailing Address 3500 Arendell St

Dept of Emergency Medicine

City

Morehead City

State

NC

Zip Code

28557-2901

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : C1824417

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790524

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814566

Amount of Each Receipt this Period

83.33

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

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

1166.66

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278-0809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA, ED

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829360

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Steven John Brunetti

Mailing Address 416 W Church St

City

Archbald

State

PA

Zip Code

18403-1580

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emerg Serv PC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 02 / 2012

Transaction ID : C1784784

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John William Burger

Mailing Address 58 Norfolk Ave

City

Clarendon Hls

State

IL

Zip Code

60514-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814568

Amount of Each Receipt this Period

250.00

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

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

833.37

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Austin William Burgess

Mailing Address 236 Sea Trace Ln

City

Newport

State

NC

Zip Code

28570-6408

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carteret Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : C1824519

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James William Callaghan

Mailing Address 216 Rosa Ave

City

Metairie

State

LA

Zip Code

70005-3416

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. James William Callaghan

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : C1791918

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Merrill A Chandler

Mailing Address 26 Oak Creek Rd

City

El Sobrante

State

CA

Zip Code

94803-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eden Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : C1788760

Amount of Each Receipt this Period

250.00

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

600.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Merrill A Chandler

Mailing Address 26 Oak Creek Rd

City

El Sobrante

State

CA

Zip Code

94803-3506

FEC ID number of contributing
federal political committee.

C

Name of Employer

Eden Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 04 / 2012

Transaction ID : C1804211

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790439

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814569

Amount of Each Receipt this Period

83.33

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

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

266.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 19 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C Christopher

Mailing Address 6149 E Wilshire Dr

City

Scottsdale

State

AZ

Zip Code

85257-1959

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMPower Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829354

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. L Anthony Cirillo

Mailing Address 91 Woodridge Dr

City

Saunderstown

State

RI

Zip Code

02874-1943

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790501

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Carol L Clark

Mailing Address 3601 W 13 Mile Rd

William Beaumont Hosp ED

City

Royal Oak

State

MI

Zip Code

48073-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer

William Beaumont Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790436

Amount of Each Receipt this Period

250.00

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

583.37

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nathan J Cleveland

Mailing Address 10458 Hope Mills Dr

City

Las Vegas

State

NV

Zip Code

89135-2865

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver Hlth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814572

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Arthur C Cohn

Mailing Address PO Box 883

City

Kentfield

State

CA

Zip Code

94914-0883

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marin Genl Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

241.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1818536

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert Raymond Cooney

Mailing Address 210 Concord St

City

Indiana

State

PA

Zip Code

15701-2401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Allegheny Gen Hos

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814574

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald V Cordova

Mailing Address 3175 Beau Pre Dr

City

McKinleyville

State

CA

Zip Code

95519-8040

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Coast Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 05 / 2012

Transaction ID : C1786337

Amount of Each Receipt this Period

140.00

Full Name (Last, First, Middle Initial)

B. Robert J Cox

Mailing Address 817 Thomaston St

City

Barnesville

State

GA

Zip Code

30204-1729

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814573

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Patrick A Craddock

Mailing Address 2208 Trailside Dr

City

Austin

State

TX

Zip Code

78704-1948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brackenridge Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 10 / 2012

Transaction ID : C1807401

Amount of Each Receipt this Period

500.00

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

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

890.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael C Curtis

Mailing Address 2216 Glen Canyon Rd

City State Zip Code
 Santa Cruz CA 95060-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

CA Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 28 / 2012

Transaction ID : C1831483

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. James Michael Cusick

Mailing Address 1077 Race St

City State Zip Code
 Denver CO 80206-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C1790173

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. James Michael Cusick

Mailing Address 1077 Race St

City State Zip Code
 Denver CO 80206-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814571

Amount of Each Receipt this Period

83.33

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

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

416.66

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James Michael Cusick

Mailing Address 1077 Race St

City

Denver

State

CO

Zip Code

80206-2832

FEC ID number of contributing
federal political committee.

C

Name of Employer

Natl Med Dir AMR

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	2

Transaction ID : C1829348

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Mark J K Dalton

Mailing Address 13 Madeline Ct

City

Farmingdale

State

NJ

Zip Code

07727-3882

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID : C1784786

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Robert James Davis

Mailing Address 391 Boxberry Hill Rd

City

East Falmouth

State

MA

Zip Code

02536-4125

FEC ID number of contributing
federal political committee.

C

Name of Employer

Falmouth Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

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

Transaction ID : C1796416

Amount of Each Receipt this Period

100.00

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

683.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brody Schl of Med @ ECU ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814577

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Matthew Deibel

Mailing Address 4090 Morningside Ln

City

Saginaw

State

MI

Zip Code

48603-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant HlthCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 11 / 2012

Transaction ID : C1824521

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Dennis DeJulius

Mailing Address 2037 Old Forge Rd

City

Kent

State

OH

Zip Code

44240-6744

FEC ID number of contributing
federal political committee.

C

Name of Employer

Akron City Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

07 / 21 / 2012

Transaction ID : C1796417

Amount of Each Receipt this Period

300.00

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

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

1050.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 25 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Demelis

Mailing Address 10 Fairway Dr

City

Cumberland

State

RI

Zip Code

02864-3488

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sturdy Mem Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2012

Transaction ID : C1816662

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Carrie DeMoor

Mailing Address 4701 Paxton Ln

City

Frisco

State

TX

Zip Code

75034-2209

FEC ID number of contributing
federal political committee.

C

Name of Employer

TX Tech Hlth Sci Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	30	/	2012

Transaction ID : C1799244

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. fred dennis MD, MBA, FMailing Address 22287 mulholland hwy.
#187

City

calabasas

State

CA

Zip Code

91302

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790175

Amount of Each Receipt this Period

83.33

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

341.33

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. fred dennis MD, MBA, F

Mailing Address 22287 mulholland hwy.
#187

City State Zip Code
calabasas CA 91302

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814575

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. fred dennis MD, MBA, F

Mailing Address 22287 mulholland hwy.
#187

City State Zip Code
calabasas CA 91302

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829349

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

C. Laurence R DesRochers

Mailing Address 640 Harbor Rd

City State Zip Code
Brick NJ 08724-4716

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790528

Amount of Each Receipt this Period

125.00

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

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

291.70

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

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

FOR LINE NUMBER: PAGE 27 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790525

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814576

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Riverside Tappahannock Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829362

Amount of Each Receipt this Period

50.00

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

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

150.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Louis J Durkin

Mailing Address 436 Pinewood Dr

City

Longmeadow

State

MA

Zip Code

01106-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802427

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Louis J Durkin

Mailing Address 436 Pinewood Dr

City

Longmeadow

State

MA

Zip Code

01106-1644

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

09 / 23 / 2012

Transaction ID : C1831044

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mark R Dziedzic

Mailing Address 101 Boulanger Ave

City

West Hartford

State

CT

Zip Code

06110-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northeast Emergency Medicine Specialis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2012

Transaction ID : C1830904

Amount of Each Receipt this Period

250.00

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

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

550.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Irv E Edwards MD, FACEP

Mailing Address 111 N Sepulveda Blvd
Ste 210

City State Zip Code
Manhattan Beach CA 90266-6849

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chino Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829333

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Oliver Fannin III

Mailing Address 807 Cedar Park Dr

City State Zip Code
West Lake Hls TX 78746-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Oliver Fannin, III

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1808137

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Claudine S Feliciano

Mailing Address 639 Bobwhite Ln

City State Zip Code
New Lenox IL 60451-8595

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry Ford Macomb-Warren Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814583

Amount of Each Receipt this Period

250.00

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

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

875.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790522

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814578

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. John T Finnell II

Mailing Address 505 S 5th St

City

Zionsville

State

IN

Zip Code

46077-1745

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829359

Amount of Each Receipt this Period

83.37

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

250.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790167

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814580

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Diana L Fite

Mailing Address 15806 Maple Falls Ct

City

Tomball

State

TX

Zip Code

77377-8762

FEC ID number of contributing
federal political committee.

C

Name of Employer

Meth Willowbrook Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

810.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829346

Amount of Each Receipt this Period

90.00

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

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

270.00

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

PAGE 32 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan Francisco Fitz

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

Transaction ID : C1790434

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Juan Francisco Fitz

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2012

Transaction ID : C1814582

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Juan Francisco Fitz

Mailing Address 6003 84th St

City

Lubbock

State

TX

Zip Code

79424-3686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

800.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : C1829352

Amount of Each Receipt this Period

83.37

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

250.03

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

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

PAGE 33 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. T Sean Fitzpatrick

Mailing Address 906 E 37th St

City
AustinState
TXZip Code
78705-1808FEC ID number of contributing
federal political committee.

C

Name of Employer

Christiana Care Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	11	/	2012

Transaction ID : C1824513

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790530

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814581

Amount of Each Receipt this Period

100.00

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

700.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City State Zip Code
 Virginia Bch VA 23455-6859

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : C1829365

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Dennis M Ford

Mailing Address 8033 Bayridge Ave

City State Zip Code
 Gig Harbor WA 98332-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Johns Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 10 / 2012

Transaction ID : C1807407

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Marsha D Ford

Mailing Address PO Box 32861
 Carolinas Med Ctr ED

City State Zip Code
 Charlotte NC 28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C1790169

Amount of Each Receipt this Period

50.00

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

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

400.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Anita Marie Gage

Mailing Address 2174 N Hametown Rd

City State Zip Code
Akron OH 44333-1026

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 11 / 2012

Transaction ID : C1824436

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. William Stephen Gallea

Mailing Address PO Box 6622

City State Zip Code
Helena MT 59604-6622

FEC ID number of contributing
federal political committee.

C

Name of Employer

c/o Lopach & Carparelli

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790500

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City State Zip Code
Grapevine TX 76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1789827

Amount of Each Receipt this Period

83.33

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

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

1183.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814584

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Angela F Gardner

Mailing Address 1914 Fair Field Dr

City

Grapevine

State

TX

Zip Code

76051-7100

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTMB Univ of TX

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829339

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Brent F Gardner

Mailing Address 640 E Club Cir

City

Longwood

State

FL

Zip Code

32779-2256

FEC ID number of contributing
federal political committee.

C

Name of Employer

FL Emer Phys Kang & Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789821

Amount of Each Receipt this Period

250.00

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

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

416.66

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Daniel C Geary

Mailing Address 142 Woodshire Rd

City

Pittsburgh

State

PA

Zip Code

15215-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		17		2012

Transaction ID : C1789831

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Daniel C Geary

Mailing Address 142 Woodshire Rd

City

Pittsburgh

State

PA

Zip Code

15215-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		25		2012

Transaction ID : C1814585

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Daniel C Geary

Mailing Address 142 Woodshire Rd

City

Pittsburgh

State

PA

Zip Code

15215-1714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Geisinger Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : C1829343

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Len Glover

Mailing Address 1209 Rutherford Rdg

City

O Fallon

State

IL

Zip Code

62269-7027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Midwest Emer Dept Serv

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 15 / 2012

Transaction ID : C1808140

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Christopher Michael Gooch

Mailing Address 105 Church St

City

Rayland

State

OH

Zip Code

43943-9602

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ohio Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814727

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Michael Goodloe

Mailing Address 3720 E 99th Pl

City

Tulsa

State

OK

Zip Code

74137-5231

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Oklahoma

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 16 / 2012

Transaction ID : C1788702

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mylissa Amy Graber

Mailing Address 7809 Trieste Place

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMCARE

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790533

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Louis G Graff

Mailing Address 130 Oakridge

City

Unionville

State

CT

Zip Code

06085-1480

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Britian General Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1786313

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Autumn Graham

Mailing Address 1824 S St NW

City

Washington

State

DC

Zip Code

20009-6137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medstar Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1796449

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Autumn Graham

Mailing Address 1824 S St NW

City
Washington

State Zip Code
DC 20009-6137

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medstar Emerg Phys

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 02 / 2012

Transaction ID : C1802431

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

B. Ronald Eugene Graham

Mailing Address 2104 Pell St

City
Scottsboro

State Zip Code
AL 35769-3940

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Ronald Eugene Graham

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : C1796379

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City
Aiken

State Zip Code
SC 29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aiken Emer Med Phys

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790499

Amount of Each Receipt this Period

83.33

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

333.33

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814726

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829358

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

C. Andrea L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790142

Amount of Each Receipt this Period

150.00

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

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

316.70

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. William James Green

Mailing Address 153 W Avenida De Las Flores

City State Zip Code
 Thousand Oaks CA 91360-1802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Newport Emer Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : C1786988

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

B. Robert D Greenberg

Mailing Address 2401 S 31st St
 Scott & White

City State Zip Code
 Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scott & White Healthcare

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C1790437

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Scott Gunderson

Mailing Address 6505 Olstad Dr

City State Zip Code
 Independence MN 55359-6500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : C1818753

Amount of Each Receipt this Period

500.00

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

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

1115.00

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael Gary Guttenberg

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790532

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Alison Haddock

Mailing Address 1800 11th Ave

City

Seattle

State

WA

Zip Code

98122-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790548

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Alison Haddock

Mailing Address 1800 11th Ave

City

Seattle

State

WA

Zip Code

98122-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814732

Amount of Each Receipt this Period

83.33

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 44 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alison Haddock

Mailing Address 1800 11th Ave

City
Seattle

State
WA

Zip Code
98122-2421

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829374

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Lindsay M Harmon

Mailing Address 6701 Shore Island Dr

City
Indianapolis

State
IN

Zip Code
46220-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer

Indiana Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790552

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Troy D Harris

Mailing Address 106 Kennett Rd

City
Old Hickory

State
TN

Zip Code
37138-2113

FEC ID number of contributing
federal political committee.

C

Name of Employer

Troy D Harris, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 17 / 2012

Transaction ID : C1813456

Amount of Each Receipt this Period

500.00

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

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

683.37

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allison Leigh Harvey

Mailing Address 14 Medical Park

Palmetto Health Richland ED

City State Zip Code
Columbia SC 29203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Hlth Richland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 02 / 2012

Transaction ID : C1786408

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jonathan Heidt

Mailing Address 660 S Euclid Ave

Barnes Jewish Hosp

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnes Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790550

Amount of Each Receipt this Period

41.67

Full Name (Last, First, Middle Initial)

C. Jonathan Heidt

Mailing Address 660 S Euclid Ave

Barnes Jewish Hosp

City State Zip Code
Saint Louis MO 63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnes Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814733

Amount of Each Receipt this Period

41.67

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

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

583.34

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

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

FOR LINE NUMBER: PAGE 46 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathan Heidt

Mailing Address 660 S Euclid Ave

Barnes Jewish Hosp

City

Saint Louis

State

MO

Zip Code

63110-1010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Barnes Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

374.99

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829375

Amount of Each Receipt this Period

41.63

Full Name (Last, First, Middle Initial)

B. Gary Thomas Hemann

Mailing Address 1650 S Sky Ridge Dr

City

Wdm

State

IA

Zip Code

50266-3812

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 12 / 2012

Transaction ID : C1825246

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Francis M Henderson

Mailing Address 1817 S 27th Pl

City

Rogers

State

AR

Zip Code

72758-1413

FEC ID number of contributing
federal political committee.

C

Name of Employer

Information Requested

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : C1813459

Amount of Each Receipt this Period

500.00

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

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

1041.63

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

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

FOR LINE NUMBER:
(check only one)

PAGE 47 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles W Henrichs III

Mailing Address 800 N Justice St

Margaret R Pardee Meml Hosp

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hendersonville Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814735

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hugh F Hill III

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

08 / 24 / 2012

Transaction ID : C1814560

Amount of Each Receipt this Period

1200.00

Full Name (Last, First, Middle Initial)

C. Hugh F Hill III

Mailing Address 6915 Radnor Rd

City

Bethesda

State

MD

Zip Code

20817-6328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Johns Hopkins

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

09 / 20 / 2012

Transaction ID : C1831016

Amount of Each Receipt this Period

1200.00

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

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

2650.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1789825

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814730

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Larry Allen Hobbs

Mailing Address 12717 Brewster Dr

Lee Memorial Gulf Coast Med Ctr

City

Fort Myers

State

FL

Zip Code

33908-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southwest FL Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829337

Amount of Each Receipt this Period

83.33

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

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

249.99

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Hodge

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1789828

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Timothy Hodge

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814729

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Timothy Hodge

Mailing Address 3105 Dobie Rd

City

Mason

State

MI

Zip Code

48854-9422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

825.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829340

Amount of Each Receipt this Period

125.00

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

375.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Reuben W Holland III

Mailing Address 5341 Hidden Harbor Rd

City

Sarasota

State

FL

Zip Code

34242-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarasota Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

08 / 10 / 2012

Transaction ID : C1807406

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Reuben W Holland III

Mailing Address 5341 Hidden Harbor Rd

City

Sarasota

State

FL

Zip Code

34242-1427

FEC ID number of contributing
federal political committee.

C

Name of Employer

Sarasota Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 06 / 2012

Transaction ID : C1825133

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IA Hosps & Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789830

Amount of Each Receipt this Period

100.00

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

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

550.00

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IA Hosps & Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790531

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IA Hosps & Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814734

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Hans Roberts House

Mailing Address 200 Hawkins Dr

Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IA Hosps & Clncs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829342

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Marc Roy Houston

Mailing Address 2533 Oregon City Blvd

City

West Linn

State

OR

Zip Code

97068-3400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Marc Roy Houston

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 06 / 2012

Transaction ID : C1784804

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMA NY

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1266.66

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 16 / 2012

Transaction ID : C1789637

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMA NY

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1266.66

Date of Receipt

M M / D D / Y Y Y Y Y
07 / 23 / 2012

Transaction ID : C1794152

Amount of Each Receipt this Period

1000.00

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

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

2100.00

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

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

FOR LINE NUMBER: PAGE 53 OF 164

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMA NY

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1266.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814806

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Raymond Iannaccone

Mailing Address 25 Oakwood Rd

City

Allendale

State

NJ

Zip Code

07401-2100

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMA NY

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1266.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829376

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. David Peter John

Mailing Address 20 Hartley St

City

North Haven

State

CT

Zip Code

06473-4409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Caritas Carney Hosp Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790526

Amount of Each Receipt this Period

250.00

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

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

416.66

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

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

FOR LINE NUMBER: PAGE 54 OF 164

(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jason Paul Jones

Mailing Address 2897 Carmelo Dr

City

Henderson

State

NV

Zip Code

89052-4072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of KY Chandler Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814738

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1789822

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814737

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey Alan Joseph

Mailing Address 14855 Tyler Mill Ct

City

Haymarket

State

VA

Zip Code

20169-2628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Jeffrey Alan Joseph

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829334

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Neal A Kaforey

Mailing Address 3413 E Glencoe Rd

City

Richfield

State

OH

Zip Code

44286-9341

FEC ID number of contributing
federal political committee.

C

Name of Employer

OPMG

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

07 / 19 / 2012

Transaction ID : C1796385

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Steven B Kailes

Mailing Address 1998 Rivergate Dr

City

Fleming Isle

State

FL

Zip Code

32003-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

800.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790537

Amount of Each Receipt this Period

100.00

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

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

300.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven B Kailes

Mailing Address 1998 Rivergate Dr

City

Fleming Isle

State

FL

Zip Code

32003-8686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeast Emer Consultant

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814739

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Suzanne Kause, M.D.

Mailing Address 410 Willow Place

City

Pittsburgh

State

PA

Zip Code

15218

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 04 / 2012

Transaction ID : C1779120

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. James F Kenny

Mailing Address 96 Aspinwall St

City

Staten Island

State

NY

Zip Code

10307-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Staten Island University Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

07 / 02 / 2012

Transaction ID : C1786344

Amount of Each Receipt this Period

500.00

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

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

850.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James F Kenny

Mailing Address 96 Aspinwall St

City

Staten Island

State

NY

Zip Code

10307-1627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Staten Island University Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

08 / 08 / 2012

Transaction ID : C1808090

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Paul Daniel Kivela

Mailing Address 1370 Trancas St

City

Napa

State

CA

Zip Code

94558-2912

FEC ID number of contributing
federal political committee.

C

Name of Employer

Napa Valley Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814756

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Heidi C Knowles

Mailing Address 736 Southwood Dr

City

Athens

State

TX

Zip Code

75751-3144

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 07 / 2012

Transaction ID : C1821150

Amount of Each Receipt this Period

1000.00

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

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

1350.00

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mickey M Kolodny

Mailing Address 1601 N Sepulveda Blvd
362

City State Zip Code
Manhattan Bch CA 90266-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer

Daniel Freeman Marina Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 13 / 2012

Transaction ID : C1789612

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City State Zip Code
Brighton MI 48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790438

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City State Zip Code
Brighton MI 48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814753

Amount of Each Receipt this Period

83.33

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

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

266.66

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829353

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Gloria J Kuhn

Mailing Address 28917 Hidden Trl

City

Farmington Hls

State

MI

Zip Code

48331-2902

FEC ID number of contributing
federal political committee.

C

Name of Employer

Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2012

Transaction ID : C1808141

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Stephen Grant Larkin

Mailing Address 624 Antioch Ave

City

Ft Lauderdale

State

FL

Zip Code

33304-3954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lehigh Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	17	/	2012

Transaction ID : C1813455

Amount of Each Receipt this Period

1000.00

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

1583.37

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

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

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

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rex D Lasure

Mailing Address 270 Browns Run Rd

City
Wheeling

State
WV

Zip Code
26003-9464

FEC ID number of contributing
federal political committee.

C

Name of Employer

MedExpress Urgent Care

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802432

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ottis L Layne Jr

Mailing Address 1765 Nixon Creek Rd

City

Fredericksburg

State

TX

Zip Code

78624-6479

FEC ID number of contributing
federal political committee.

C

Name of Employer

Texas Heart Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : C1786873

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David C Lee

Mailing Address 300 Community Dr
North Shore Univ Hosp

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore-LIJ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

09 / 20 / 2012

Transaction ID : C1829224

Amount of Each Receipt this Period

500.00

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

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

1000.00

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

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

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James G Leker

Mailing Address 976 Gondolier Blvd

City State Zip Code
 Gulf Breeze FL 32563-3018

FEC ID number of contributing federal political committee.

C

Name of Employer

Baptist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : C1802430

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. James G Leker

Mailing Address 976 Gondolier Blvd

City State Zip Code
 Gulf Breeze FL 32563-3018

FEC ID number of contributing federal political committee.

C

Name of Employer

Baptist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 28 / 2012

Transaction ID : C1816736

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Phillip David Levy

Mailing Address 21603 Beauford Ln

City State Zip Code
 Northville MI 48167-9085

FEC ID number of contributing federal political committee.

C

Name of Employer

Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2012

Transaction ID : C1824515

Amount of Each Receipt this Period

250.00

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

1350.00

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

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

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

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(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mitchell L Lewis

Mailing Address 713 Hidden Cave Rd

City

Madison

State

WI

Zip Code

53717-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 07 / 2012

Transaction ID : C1825200

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Mitchell L Lewis

Mailing Address 713 Hidden Cave Rd

City

Madison

State

WI

Zip Code

53717-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

09 / 11 / 2012

Transaction ID : C1824520

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Alexis Lieser

Mailing Address PO Box 51

City

Georgetown

State

CA

Zip Code

95634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

07 / 14 / 2012

Transaction ID : C1788531

Amount of Each Receipt this Period

85.00

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

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

435.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Alexis Lieser

Mailing Address PO Box 51

City

Georgetown

State

CA

Zip Code

95634

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 14 / 2012

Transaction ID : C1825996

Amount of Each Receipt this Period

85.00

Full Name (Last, First, Middle Initial)

B. Ralph K Losey

Mailing Address 207 S Prospect St

City

Galena

State

IL

Zip Code

61036-2119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of IL at Chicago ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829332

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Kirk Lufkin

Mailing Address 406 W Lake St

City

Petoskey

State

MI

Zip Code

49770-2267

FEC ID number of contributing
federal political committee.

C

Name of Employer

Portage Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : C1786993

Amount of Each Receipt this Period

250.00

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

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

585.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Thomas W Lukens

Mailing Address 15503 Clifton Blvd

City

Lakewood

State

OH

Zip Code

44107-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

MetroHealth Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 04 / 2012

Transaction ID : C1818576

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gerald Eugene Maloney

Mailing Address 29201 Inverness Dr

City

Bay Village

State

OH

Zip Code

44140-1818

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hospitals of Cleveland

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789823

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. H Lynn Massingale

Mailing Address 265 Brookview Centre Way

Team Health

City

Knoxville

State

TN

Zip Code

37919-4052

FEC ID number of contributing
federal political committee.

C

Name of Employer

Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

09 / 26 / 2012

Transaction ID : C1831480

Amount of Each Receipt this Period

1500.00

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

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

2625.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 65 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790536

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814759

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City State Zip Code
Mableton GA 30126-5612

FEC ID number of contributing federal political committee.

C

Name of Employer

EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829367

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code
Hickory NC 28602-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790544

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code
Hickory NC 28602-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814763

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Eric E Maur

Mailing Address 6209 Dwayne Starnes Dr

City State Zip Code
Hickory NC 28602-8959

FEC ID number of contributing
federal political committee.

C

Name of Employer

Attn 20-05

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829372

Amount of Each Receipt this Period

83.37

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

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

250.03

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David T Maxwell

Mailing Address 1138 Bridle Dr

City

Richland

State

WA

Zip Code

99352-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. David T Maxwell

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

274.00

Date of Receipt

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

Transaction ID : C1784790

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David T Maxwell

Mailing Address 1138 Bridle Dr

City

Richland

State

WA

Zip Code

99352-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. David T Maxwell

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

274.00

Date of Receipt

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

Transaction ID : C1789671

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. David T Maxwell

Mailing Address 1138 Bridle Dr

City

Richland

State

WA

Zip Code

99352-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. David T Maxwell

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

274.00

Date of Receipt

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

Transaction ID : C1808099

Amount of Each Receipt this Period

8.00

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

266.00

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 68 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David T Maxwell

Mailing Address 1138 Bridle Dr

City

Richland

State

WA

Zip Code

99352-7764

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. David T Maxwell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

274.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 10 / 2012

Transaction ID : C1825205

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Michael G Maxwell

Mailing Address 2222 Janet Dr

City

Saint Johns

State

FL

Zip Code

32259-9284

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : C1786989

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. C L McArthur

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer

Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

841.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1789853

Amount of Each Receipt this Period

250.00

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

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

508.00

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

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

FOR LINE NUMBER: PAGE 69 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jonathon McGarry

Mailing Address 102 E Lake Mead Pkwy
 St Rose Dominican Hosp

City Henderson State NV Zip Code 89015-5575

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Rose Dominican Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814773

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790498

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City Hillsborough State NJ Zip Code 08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814764

Amount of Each Receipt this Period

83.33

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

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

416.66

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 70 OF 164
(check only one)

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dennis Lucas McGill

Mailing Address 19 Camden Rd

City

Hillsborough

State

NJ

Zip Code

08844-3842

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	8		2	0	1	2

Transaction ID : C1829357

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. William J McIntyre

Mailing Address 580 Lakeside Dr

City

Jenkins

State

KY

Zip Code

41537-9746

FEC ID number of contributing
federal political committee.

C

Name of Employer

Webster Co Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID : C1788757

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. David James Mendelson

Mailing Address 4633 Post Oak Dr

City

Frisco

State

TX

Zip Code

75034-5130

FEC ID number of contributing
federal political committee.

C

Name of Employer

EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID : C1790523

Amount of Each Receipt this Period

250.00

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

833.37

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

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

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

FOR LINE NUMBER: PAGE 71 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jacob Mark Meredith III

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790166

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Jacob Mark Meredith III

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814758

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jacob Mark Meredith III

Mailing Address 1231A Route 532

City

Chatsworth

State

NJ

Zip Code

08019-9711

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jersey Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829345

Amount of Each Receipt this Period

83.37

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

250.03

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David A Milbrandt

Mailing Address 11111 Ironwood Ave N

City

Stillwater

State

MN

Zip Code

55082-5068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairview Lakes Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 02 / 2012

Transaction ID : C1784632

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Erik Charles Miller

Mailing Address 1744 Leisure Ln

City

Yakima

State

WA

Zip Code

98908-9224

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yakima Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814775

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Ivan Thomas Miller

Mailing Address 450 N End Ave

City

New York

State

NY

Zip Code

10282-1111

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMA of NY

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

08 / 06 / 2012

Transaction ID : C1804235

Amount of Each Receipt this Period

400.00

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

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

1525.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Mercy Oakland Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814776

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Gladys Morinigo-Mestre

Mailing Address 1736 Lombard St

City

Philadelphia

State

PA

Zip Code

19146-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic City Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : C1788761

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gladys Morinigo-Mestre

Mailing Address 1736 Lombard St

City

Philadelphia

State

PA

Zip Code

19146-1519

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic City Medical Center

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2012

Transaction ID : C1818554

Amount of Each Receipt this Period

100.00

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

850.00

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

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

PAGE 74 OF 164

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New YorkState
NYZip Code
10075-1076FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790542

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New YorkState
NYZip Code
10075-1076FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814765

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Joshua B Moskowitz

Mailing Address 435 E 79th St

City
New YorkState
NYZip Code
10075-1076FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829371

Amount of Each Receipt this Period

83.37

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

250.03

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

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

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

FOR LINE NUMBER: PAGE 75 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Alexander Muiznieks

Mailing Address 831 River Run Rd

City State Zip Code
 Clarksville TN 37043

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mark Alexander Muiznieks, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 / 11 / 2012

Transaction ID : C1824517

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. J Brent Myers

Mailing Address 2105 Glenwood Ave

City State Zip Code
 Raleigh NC 27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 12 / 2012

Transaction ID : C1788753

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

c. J Brent Myers

Mailing Address 2105 Glenwood Ave

City State Zip Code
 Raleigh NC 27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 13 / 2012

Transaction ID : C1807444

Amount of Each Receipt this Period

50.00

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

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

350.00

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

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

FOR LINE NUMBER: PAGE 76 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. J Brent Myers

Mailing Address 2105 Glenwood Ave

City

Raleigh

State

NC

Zip Code

27608-1441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 12 / 2012

Transaction ID : C1825439

Amount of Each Receipt this Period

50.00

Full Name (Last, First, Middle Initial)

B. Michael D Nauss

Mailing Address 2759 Calloway Ct

City

Canton

State

MI

Zip Code

48188-6307

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Cincinnati Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790543

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790538

Amount of Each Receipt this Period

125.00

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

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

475.00

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

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

FOR LINE NUMBER: PAGE 77 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814787

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ira R Nemeth

Mailing Address 1408 Vermont St

City

Houston

State

TX

Zip Code

77006-1071

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Ira R Nemeth

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829368

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. John D Nicely

Mailing Address 469 Fox Haven Dr

City

Holland

State

MI

Zip Code

49424-6382

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland Comm Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	02	/	2012

Transaction ID : C1802425

Amount of Each Receipt this Period

250.00

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

500.00

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

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

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

FOR LINE NUMBER: PAGE 78 OF 164

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John D Nicely

Mailing Address 469 Fox Haven Dr

City	State	Zip Code
Holland	MI	49424-6382

FEC ID number of contributing federal political committee.

C

Name of Employer
Holland Comm Hosp

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	28	/	2012

Transaction ID : C1831597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City	State	Zip Code
Angola	IN	46703-8195

FEC ID number of contributing federal political committee.

C

Name of Employer
Pro Emer Phys Inc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790527

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City	State	Zip Code
Angola	IN	46703-8195

FEC ID number of contributing federal political committee.

C

Name of Employer
Pro Emer Phys Inc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814788

Amount of Each Receipt this Period

83.33

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

416.66

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 79 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jeffrey R Nickel

Mailing Address 2300 N Black Oak Dr

City	State	Zip Code
Angola	IN	46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	18	/	2012

Transaction ID : C1829363

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Ashley Booth NorseMailing Address 655 W 8th St
Shands Jacksonville Educ

City	State	Zip Code
Jacksonville	FL	32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790539

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ashley Booth NorseMailing Address 655 W 8th St
Shands Jacksonville Educ

City	State	Zip Code
Jacksonville	FL	32209-6511

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2012

Transaction ID : C1814777

Amount of Each Receipt this Period

250.00

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

583.37

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

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

PAGE 80 OF 164

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew C Nothmann

Mailing Address 1879 Seville Dr

City	State	Zip Code
Napa	CA	94559-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Napa Valley Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : C1788756

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew C Nothmann

Mailing Address 1879 Seville Dr

City	State	Zip Code
Napa	CA	94559-4257

FEC ID number of contributing
federal political committee.

C

Name of Employer

Napa Valley Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : C1831055

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Robert E O'Connor

Mailing Address 515 Foxdale Ln

City	State	Zip Code
Charlottesville	VA	22903-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of VA Hlth Svc-Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	17	/	2012

Transaction ID : C1790171

Amount of Each Receipt this Period

250.00

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

600.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kathleen T O'Donnell

Mailing Address 434 Euclid Ter NE

City

Atlanta

State

GA

Zip Code

30307-2042

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789743

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph Ogarek

Mailing Address 3034 S Normal Ave

City

Chicago

State

IL

Zip Code

60616-4624

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Chicago Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802422

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Michael B Osmundson

Mailing Address 62 East Dr

City

Hartville

State

OH

Zip Code

44632-8890

FEC ID number of contributing
federal political committee.

C

Name of Employer

GEPS

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 11 / 2012

Transaction ID : C1824366

Amount of Each Receipt this Period

1000.00

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

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

1750.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David C Packo

Mailing Address 4535 Dressler Rd NW
 Emer Med Phys

City State Zip Code
 Canton OH 44718-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 06 / 2012

Transaction ID : C1825168

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Joshua R Parker

Mailing Address 11412 Rancho Villa Verde Pl

City State Zip Code
 Las Vegas NV 89138-1594

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physicians

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814791

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Charles F Pattavina MD, FACEP

Mailing Address 360 Broadway

City State Zip Code
 Bangor ME 04401

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joseph Hosp Bangor, ME

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C1789842

Amount of Each Receipt this Period

100.00

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

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

1350.00

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

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

FOR LINE NUMBER:
(check only one)

PAGE 83 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jill M Pawlowski

Mailing Address 12 Rockdove Ln

City

Orchard Park

State

NY

Zip Code

14127-3049

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brooks Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : C1786991

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Lee E Payne

Mailing Address 6323 Wilmington Dr

City

Burke

State

VA

Zip Code

22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790497

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Lee E Payne

Mailing Address 6323 Wilmington Dr

City

Burke

State

VA

Zip Code

22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814789

Amount of Each Receipt this Period

83.33

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

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

416.66

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

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

FOR LINE NUMBER: PAGE 84 OF 164
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lee E Payne

Mailing Address 6323 Wilmington Dr

City State Zip Code
 Burke VA 22015-4070

FEC ID number of contributing
federal political committee.

C

Name of Employer

HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
 09 / 18 / 2012

Transaction ID : C1829356

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Paul E Phrampus

Mailing Address 7059 Bennington Woods Dr

City State Zip Code
 Pittsburgh PA 15237-6372

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Pittsburgh - Emerg Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 02 / 2012

Transaction ID : C1802434

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. David J Pillow Jr

Mailing Address 5332 Wateka Dr

City State Zip Code
 Dallas TX 75209-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer

self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : C1799169

Amount of Each Receipt this Period

100.00

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

433.37

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

775.01

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790540

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

775.01

Date of Receipt

07 / 30 / 2012

Transaction ID : C1799276

Amount of Each Receipt this Period

25.00

Full Name (Last, First, Middle Initial)

C. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

775.01

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814790

Amount of Each Receipt this Period

83.33

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

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

191.66

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ericka Powell

Mailing Address 384 Spring Haven Dr

City

Lancaster

State

PA

Zip Code

17601-5193

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

775.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829369

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

B. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2012

Transaction ID : C1788742

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 13 / 2012

Transaction ID : C1807432

Amount of Each Receipt this Period

100.00

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

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

283.37

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sanjay K Premakumar

Mailing Address 1406 Shepherd St

City

Durham

State

NC

Zip Code

27707-1649

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wake Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

09 / 12 / 2012

Transaction ID : C1825428

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Louise A Prince

Mailing Address 750 E Adams St

SUNY Upstate Med Univ ED

City

Syracuse

State

NY

Zip Code

13210-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer

Suny Upstate Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 29 / 2012

Transaction ID : C1831583

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Frank E Ramsey

Mailing Address 4001 Huntwood Rd

City

N Chesterfld

State

VA

Zip Code

23235-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

07 / 20 / 2012

Transaction ID : C1796390

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank E Ramsey

Mailing Address 4001 Huntwood Rd

City

N Chesterfld

State

VA

Zip Code

23235-5954

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

08 / 02 / 2012

Transaction ID : C1802423

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Thomas F Ramstack

Mailing Address 4014 Kathleen Way

City

Davenport

State

IA

Zip Code

52807-3931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Trinity Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 11 / 2012

Transaction ID : C1824516

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Laura D Rau

Mailing Address 41 N Anguilla Rd

City

N Stonington

State

CT

Zip Code

06359-1755

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Med Schl

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814792

Amount of Each Receipt this Period

250.00

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

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

750.00

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

Use separate schedule(s)
for each category of the
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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Vida M Reklaitis

Mailing Address 51 Honour Ave NW
51 Honour Ave. NW

City Atlanta State GA Zip Code 30305-1119

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northside Emer Assoc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
07 / 05 / 2012

Transaction ID : C1786341

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Martin E Richards

Mailing Address 1076 Trout Brook Rd

City Hudson State WI Zip Code 54016-7143

FEC ID number of contributing
federal political committee.

C

Name of Employer
United Hosp Emerg Dept

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
08 / 23 / 2012

Transaction ID : C1814558

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Julio E Rios

Mailing Address 3101 Marler Rd
AERAS

City Pike Road State AL Zip Code 36064-3337

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Julio E Rios

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

MM / DD / YYYY
09 / 13 / 2012

Transaction ID : C1828890

Amount of Each Receipt this Period

300.00

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

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

650.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sam S Roberts III

Mailing Address 6300 La Calma Dr

Emer Svc Partners LP

City

Austin

State

TX

Zip Code

78752-3825

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Svc Partners LP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	02	/	2012

Transaction ID : C1786325

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. John J Rogers

Mailing Address 10673 Estes Rd

City

Macon

State

GA

Zip Code

31210-5135

FEC ID number of contributing
federal political committee.

C

Name of Employer

Monroe Cnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	26	/	2012

Transaction ID : C1816749

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Todd A Rogers

Mailing Address 102 Craborchard Pl

City

Chapel Hill

State

NC

Zip Code

27514-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer

Durham Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : C1799218

Amount of Each Receipt this Period

250.00

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

1350.00

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

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. David William Ross

Mailing Address 15340 Raton Rd

City State Zip Code
 Colorado Spgs CO 80921-2140

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Front EM Specialties Inc

Occupation
 Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790435

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code
 Manhasset NY 11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North Shore Univ Hosp Emer Phys

Occupation
 Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789826

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Andrew Sama

Mailing Address 253 Dover Rd

City State Zip Code
 Manhasset NY 11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer
 North Shore Univ Hosp Emer Phys

Occupation
 Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814793

Amount of Each Receipt this Period

83.33

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

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

416.66

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Andrew Sama

Mailing Address 253 Dover Rd

City

Manhasset

State

NY

Zip Code

11030-3709

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829338

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Tracy G Sanson

Mailing Address 812 Lorena Rd

City

Lutz

State

FL

Zip Code

33548-4589

FEC ID number of contributing
federal political committee.

C

Name of Employer

TEAMHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790433

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Luke Chris Saski

Mailing Address 7573 Knoll Crest Dr

City

W Bloomfield

State

MI

Zip Code

48322-2650

FEC ID number of contributing
federal political committee.

C

Name of Employer

MCES

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 03 / 2012

Transaction ID : C1776286

Amount of Each Receipt this Period

1000.00

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

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

1333.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert W Schafermeyer

Mailing Address 2932 Rock Springs Rd

City

Charlotte

State

NC

Zip Code

28226-7350

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMC

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 23 / 2012

Transaction ID : C1794378

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wright State Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790546

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Sandra M Schneider

Mailing Address 25 Stoneham Rd

City

Rochester

State

NY

Zip Code

14625-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

270.00

Date of Receipt

07 / 07 / 2012

Transaction ID : C1782959

Amount of Each Receipt this Period

90.00

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

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

840.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra M Schneider

Mailing Address 25 Stoneham Rd

City

Rochester

State

NY

Zip Code

14625-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

08 / 07 / 2012

Transaction ID : C1803221

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

B. Sandra M Schneider

Mailing Address 25 Stoneham Rd

City

Rochester

State

NY

Zip Code

14625-1912

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Rochester

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

09 / 07 / 2012

Transaction ID : C1819913

Amount of Each Receipt this Period

90.00

Full Name (Last, First, Middle Initial)

C. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790534

Amount of Each Receipt this Period

100.00

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

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

280.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814794

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Gregory L Shangold

Mailing Address 66 Beacon Hill Dr

City

Storrs Manfld

State

CT

Zip Code

06268-2756

FEC ID number of contributing
federal political committee.

C

Name of Employer

NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829366

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Randolph M Shiraishi

Mailing Address 4880 Riposo Ct

City

Pahrump

State

NV

Zip Code

89061-7060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Randolph M Shiraishi

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

07 / 09 / 2012

Transaction ID : C1786995

Amount of Each Receipt this Period

150.00

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

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

350.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Randolph M Shiraishi

Mailing Address 4880 Riposo Ct

City

Pahrump

State

NV

Zip Code

89061-7060

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Randolph M Shiraishi

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 23 / 2012

Transaction ID : C1816693

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Deepika Singh

Mailing Address 609 Richardson Rd

City

Rochester

State

NY

Zip Code

14623-1241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brown Medical Sch

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814800

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Todd Slesinger

Mailing Address 427 Daub Ave

City

Hewlett

State

NY

Zip Code

11557-1136

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Univ Hosp Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790535

Amount of Each Receipt this Period

100.00

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

450.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
 Geneva NY 14456-9768

FEC ID number of contributing federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.65

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 17 / 2012

Transaction ID : C1789829

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
 Geneva NY 14456-9768

FEC ID number of contributing federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.65

Date of Receipt

M M / D D / Y Y Y Y Y
 07 / 31 / 2012

Transaction ID : C1799211

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

C. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City State Zip Code
 Geneva NY 14456-9768

FEC ID number of contributing federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.65

Date of Receipt

M M / D D / Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814798

Amount of Each Receipt this Period

83.33

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

174.66

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.65

Date of Receipt

09 / 01 / 2012

Transaction ID : C1825169

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Virgil W Smaltz

Mailing Address 24 Bay View Ter

City

Geneva

State

NY

Zip Code

14456-9768

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

648.65

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829341

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

C. Daniel Snediker

Mailing Address 128 Shore Rd

City

Mount Sinai

State

NY

Zip Code

11766-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer

EMP of New London

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

09 / 11 / 2012

Transaction ID : C1824392

Amount of Each Receipt this Period

1000.00

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

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

1091.33

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Erik Sokolove

Mailing Address 3889 Exmoor Cir

City

Sacramento

State

CA

Zip Code

95864-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829335

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Devin Sokolowski

Mailing Address 16 Perkins Farm Rd

City

Waterford

State

CT

Zip Code

06385-3537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emergency Medicine Physicians (EMP)

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 24 / 2012

Transaction ID : C1830357

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City

Oakdale

State

PA

Zip Code

15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790432

Amount of Each Receipt this Period

83.33

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

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

583.33

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

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for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 25 / 2012

Transaction ID : C1814795

Amount of Each Receipt this Period

83.33

Full Name (Last, First, Middle Initial)

B. Robert C Solomon

Mailing Address 108 Saddle Ridge Dr

City State Zip Code
Oakdale PA 15071-3726

FEC ID number of contributing
federal political committee.

C

Name of Employer

Steel Vly Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829351

Amount of Each Receipt this Period

83.37

Full Name (Last, First, Middle Initial)

C. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City State Zip Code
Lexington KY 40513-1736

FEC ID number of contributing
federal political committee.

C

Name of Employer

MESA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 17 / 2012

Transaction ID : C1790547

Amount of Each Receipt this Period

100.00

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

266.70

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

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

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City Lexington State KY Zip Code 40513-1736

FEC ID number of contributing federal political committee.

C

Name of Employer

MESA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814796

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Ryan Stanton

Mailing Address 1229 Birmingham Ln

City Lexington State KY Zip Code 40513-1736

FEC ID number of contributing federal political committee.

C

Name of Employer

MESA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

09 / 18 / 2012

Transaction ID : C1829373

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Richard L Stennes

Mailing Address 2533 Calle Del Oro

City La Jolla State CA Zip Code 92037-2005

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Richard L Stennes

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

07 / 27 / 2012

Transaction ID : C1797636

Amount of Each Receipt this Period

1000.00

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

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

1200.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur Lloyd Stern

Mailing Address 9239 Woodacre Blvd South Dr

City State Zip Code
 Indianapolis IN 46234-2856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Phys of Indianapolis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

08 / 01 / 2012

Transaction ID : C1802419

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City State Zip Code
 Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1789824

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City State Zip Code
 Temple TX 76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Thomas Jefferson Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814797

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. John James Stroh Jr

Mailing Address 2802 Cascade Springs Ct

City State Zip Code
 Manvel TX 77578-4885

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Lukes Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 12 2012

Transaction ID : C1788766

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terence J Sweeney

Mailing Address 925 Carolyn Ave

City State Zip Code
 Modesto CA 95350-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 07 2012

Transaction ID : C1804198

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. Terence J Sweeney

Mailing Address 925 Carolyn Ave

City State Zip Code
 Modesto CA 95350-5209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Medical Center ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

541.40

Date of Receipt

M M / D D / Y Y Y Y Y Y
 09 01 2012

Transaction ID : C1825137

Amount of Each Receipt this Period

25.00

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

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

475.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gary William Tamkin

Mailing Address 4 Valley High

City

Lafayette

State

CA

Zip Code

94549-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Med Ctr Merced, ED Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1799295

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Nathan A Teismann

Mailing Address 400 Davey Glen Rd

City

Belmont

State

CA

Zip Code

94002-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alameda Co Med Ctr Highland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1796276

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Nathan A Teismann

Mailing Address 400 Davey Glen Rd

City

Belmont

State

CA

Zip Code

94002-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alameda Co Med Ctr Highland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1796468

Amount of Each Receipt this Period

100.00

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

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

450.00

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

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bryce Tiller

Mailing Address 917 1st St N

City State Zip Code
 Jax Bch FL 32250-9106

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Meml Hosp Jacksonville Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 05 2012

Transaction ID : C1786461

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. William E Tucker

Mailing Address 2865 Sands Rd

City State Zip Code
 Lima OH 45805-3818

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Premier Hlth Care Svcs Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 09 2012

Transaction ID : C1786996

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. William E Tucker

Mailing Address 2865 Sands Rd

City State Zip Code
 Lima OH 45805-3818

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Premier Hlth Care Svcs Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 31 2012

Transaction ID : C1818565

Amount of Each Receipt this Period

100.00

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

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

450.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Travis Ulmer

Mailing Address 1210 Oakland Ave

City	State	Zip Code
Columbus	OH	43212-3317

FEC ID number of contributing federal political committee.

C

Name of Employer

Gaston Meml

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	11	/	2012

Transaction ID : C1824438

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kurt Edward Urban

Mailing Address 204 E Hall St

City	State	Zip Code
Savannah	GA	31401-5752

FEC ID number of contributing federal political committee.

C

Name of Employer

Georgia Emergency Associates

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

Transaction ID : C1831067

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Philip C Van Dongen

Mailing Address 148 Gov Eden House Road

City	State	Zip Code
Merry Hill	NC	27957-9444

FEC ID number of contributing federal political committee.

C

Name of Employer

Dr. Philip C Van Dongen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2012

Transaction ID : C1831037

Amount of Each Receipt this Period

250.00

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

1350.00

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

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

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steve M Vets

Mailing Address 350 Cherry Dr

City

Eugene

State

OR

Zip Code

97401-6636

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY/ Buffalo Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 19 / 2012

Transaction ID : C1796471

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Christopher J Waldschmidt

Mailing Address 10641 Wornall Rd

City

Kansas City

State

MO

Zip Code

64114-5068

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Joespeh Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 20 / 2012

Transaction ID : C1813460

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

C. Brian M Walters

Mailing Address 47 Duchess Ct

City

Buffalo

State

NY

Zip Code

14225-1772

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY/ Buffalo Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 15 / 2012

Transaction ID : C1808148

Amount of Each Receipt this Period

250.00

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

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

650.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Matthew J Watson

Mailing Address 1280 Longpointe Pass

City

Alpharetta

State

GA

Zip Code

30005-2284

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northside Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814802

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. L K Webb

Mailing Address 3948 3rd St S

City

Jax Bch

State

FL

Zip Code

32250-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

07 / 17 / 2012

Transaction ID : C1790541

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

c. L K Webb

Mailing Address 3948 3rd St S

City

Jax Bch

State

FL

Zip Code

32250-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

08 / 25 / 2012

Transaction ID : C1814803

Amount of Each Receipt this Period

84.00

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

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

418.00

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

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for each category of the
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. L K Webb

Mailing Address 3948 3rd St S

City

State

Zip Code

Jax Bch

FL

32250-5847

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Univ of FL

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

756.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 18 / 2012

Transaction ID : C1829370

Amount of Each Receipt this Period

84.00

Full Name (Last, First, Middle Initial)

B. Kevin John Weber

Mailing Address 3 Encino PI

City

State

Zip Code

Pueblo

CO

81005-2948

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

SCES

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 31 / 2012

Transaction ID : C1818567

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. James A Webley

Mailing Address 5985 Carmen Ct W

City

State

Zip Code

Orchard Lake

MI

48324-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Genesys Regl Med Ctr

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1796293

Amount of Each Receipt this Period

250.00

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

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

434.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. James A Webley

Mailing Address 5985 Carmen Ct W

City

Orchard Lake

State

MI

Zip Code

48324-2917

FEC ID number of contributing
federal political committee.

C

Name of Employer

Genesys Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 04 / 2012

Transaction ID : C1818748

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. Ian S Wedmore

Mailing Address 5206 Tower Dr NE

City

Tacoma

State

WA

Zip Code

98422-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madigan Army Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 01 / 2012

Transaction ID : C1786345

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

c. Ian S Wedmore

Mailing Address 5206 Tower Dr NE

City

Tacoma

State

WA

Zip Code

98422-1928

FEC ID number of contributing
federal political committee.

C

Name of Employer

Madigan Army Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 12 / 2012

Transaction ID : C1788768

Amount of Each Receipt this Period

200.00

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

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

500.00

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

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori Weichenthal

Mailing Address 387 W Jordan Ave

City State Zip Code
 Clovis CA 93611-7182

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCSF Fresno

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 24 / 2012

Transaction ID : C1796274

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. David A Wein

Mailing Address 116 22nd Ave NE

City State Zip Code
 St Petersburg FL 33704-4543

FEC ID number of contributing
federal political committee.

C

Name of Employer

USF - Div of Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 03 / 2012

Transaction ID : C1786465

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ian R Welsh

Mailing Address 1027 Gardenia St

City State Zip Code
 Fort Mill SC 29708-5712

FEC ID number of contributing
federal political committee.

C

Name of Employer

OUCOM/Doctors Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 25 / 2012

Transaction ID : C1814801

Amount of Each Receipt this Period

250.00

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

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

1000.00

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arlo F Weltge

Mailing Address 5213 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer

UTHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 09 / 2012

Transaction ID : C1804663

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Sandra Werner

Mailing Address 2500 Metrohealth Dr
MetroHealth Med Ctr

City

Cleveland

State

OH

Zip Code

44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer

MetroHealth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 26 / 2012

Transaction ID : C1831482

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Jack M Whitney III

Mailing Address 706 Clearview Dr

City

Glenview

State

IL

Zip Code

60025-4044

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northshore Univ Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

343.00

Date of Receipt

07 / 18 / 2012

Transaction ID : C1796438

Amount of Each Receipt this Period

343.00

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

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

1593.00

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Neil E Winston

Mailing Address 1476 S Prairie Ave

City State Zip Code
Chicago IL 60605-3343

FEC ID number of contributing
federal political committee.

C

Name of Employer

Dr. Neil E Winston

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

236.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 09 / 2012

Transaction ID : C1786321

Amount of Each Receipt this Period

236.00

Full Name (Last, First, Middle Initial)

B. Peter B Woollett

Mailing Address 111 Kalaipua Pl

City State Zip Code
Honolulu HI 96822-5018

FEC ID number of contributing
federal political committee.

C

Name of Employer

Islands Emerg Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 29 / 2012

Transaction ID : C1818568

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C. Mark Zeitzer

Mailing Address 8127 SW 54th Ave

City State Zip Code
Portland OR 97219-3204

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 24 / 2012

Transaction ID : C1796473

Amount of Each Receipt this Period

8.00

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

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

344.00

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark Zeitzer

Mailing Address 8127 SW 54th Ave

City	State	Zip Code
Portland	OR	97219-3204

FEC ID number of contributing federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	24	/	2012

Transaction ID : C1799291

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

B. Mark Zeitzer

Mailing Address 8127 SW 54th Ave

City	State	Zip Code
Portland	OR	97219-3204

FEC ID number of contributing federal political committee.

C

Name of Employer

Silverton Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

273.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	01	/	2012

Transaction ID : C1825225

Amount of Each Receipt this Period

8.00

Full Name (Last, First, Middle Initial)

c. Christopher Ziebell

Mailing Address 4014 Greystone Dr

City	State	Zip Code
Austin	TX	78731-2154

FEC ID number of contributing federal political committee.

C

Name of Employer

Emer Service Partners

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	10	/	2012

Transaction ID : C1787133

Amount of Each Receipt this Period

250.00

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

266.00

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

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

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Christopher Ziebell

Mailing Address 4014 Greystone Dr

City

Austin

State

TX

Zip Code

78731-2154

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emer Service Partners

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2012

Transaction ID : C1799214

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

100.00

72810.17

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.93

Date of Receipt

M M / D D / Y Y Y Y Y
08 31 2012

Transaction ID : C1829378

Amount of Each Receipt this Period

149.62

Full Name (Last, First, Middle Initial)

B. SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City State Zip Code
Washington DC 20036-5308

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

823.93

Date of Receipt

M M / D D / Y Y Y Y Y
09 30 2012

Transaction ID : C1832342

Amount of Each Receipt this Period

1.36

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

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

150.98

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

150.98

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Mailing Address 1891 PRESTON WHITE DRIVE

City	State	Zip Code
RESTON	VA	20191

Transaction ID : D135677Purpose of Disbursement
Joint Event at the Republican National Convention

002

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District: Joint Event at the R

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

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

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00
2000.00

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

PAGE 118 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Allyson Schwartz For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2012

Mailing Address P.O. Box 2232

City	State	Zip Code
Jenkintown	PA	19046

Transaction ID : D136151Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Allyson Y. SchwartzCategory/
Type

3000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Full Name (Last, First, Middle Initial)

B. Amodei for Nevada

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2012

Mailing Address 503 N. Division Street

City	State	Zip Code
Carson City	NV	89703

Transaction ID : D135888Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2000.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NV District: 02

Full Name (Last, First, Middle Initial)

C. Andy Barr for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2012

Mailing Address P.O. Box 2059

City	State	Zip Code
Lexington	KY	40588

Transaction ID : D135857Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: KY District: 06

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

PAGE 119 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bass Victory Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address PO Box 3451

City	State	Zip Code
Concord	NH	03302

Transaction ID : D135881Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Charles F. BassCategory/
Type

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: NH District: 02

Full Name (Last, First, Middle Initial)

B. Bill Owens for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Mailing Address PO Box 1575

City	State	Zip Code
Plattsburgh	NY	12901-0286

Transaction ID : D136171Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1500.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 23

Full Name (Last, First, Middle Initial)

C. Cantwell Victory 2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Mailing Address 122 C Street, NW
Suite 240

City	State	Zip Code
Washington	DC	20001

Transaction ID : D136456Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1000.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carmona for Arizona

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Mailing Address 1010 Vermont Avenue, NW
Suite 814

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Dr Richard CarmonaCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ President
State: AZ District:Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID : D136452**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Charles Boustany Jr MD For Congress Inc

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Charles BoustanyCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: LA District: 07Disbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼**Transaction ID : D135869**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Chuck Fleischmann for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	25	/	2012

Mailing Address PO Box 11091
Suite 10000 James Building

City Chattanooga State TN Zip Code 37401

Purpose of Disbursement
Contribution for federal candidates

011

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
State: TN District: 03Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼**Transaction ID : D135134**

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Come Back Political Action Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Mailing Address 700 12th Street, NW
Suite 700

City Washington State DC Zip Code 20005-4052

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type**Transaction ID : D136455**

Amount of Each Disbursement this Period

2500.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual Contribution

Full Name (Last, First, Middle Initial)

B. Congressman Waxman Campaign Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Mailing Address 6380 Wilshire Blvd. #1612

City Los Angeles State CA Zip Code 90048

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Category/
Type**Rep. Henry A. Waxman**Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 30

Transaction ID : D134992

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. CONTINUING A MAJORITY PARTY ACTION COMMITTEE (CAMPAC)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

Mailing Address 5915 Eastman Avenue Suite 100

City Midland State MI Zip Code 48640

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Category/
Type**Transaction ID : D135416**

Amount of Each Disbursement this Period

5000.00

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DONNA CHRISTENSEN CAMPAIGN

Mailing Address 417 New Jersey Ave SE

City Washington	State DC	Zip Code 20003-4007
--------------------	-------------	------------------------

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Del. Donna M.C. ChristensenCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: VI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135876

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Dennis Ross for Congress

Mailing Address P.O. Box 7310

City Lakeland	State FL	Zip Code 33807
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : D136166

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

C. Dennis Ross for Congress

Mailing Address P.O. Box 7310

City Lakeland	State FL	Zip Code 33807
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		18		2012

Transaction ID : D136325

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3200.00

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

National Emergency Medicine Political Action Committee

A. Dennis Ross for Congress

Mailing Address P.O. Box 7310

City	State	Zip Code
Lakeland	FL	33807

Purpose of Disbursement
VOID CK#8435 6/13/12

Candidate Name

Dennis Ross

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : D136993

Amount of Each Disbursement this Period

-200.00

VOID CK#8435 6/13/12

Full Name (Last, First, Middle Initial)

B. Denny Heck for Congress

Mailing Address PO Box 235

City	State	Zip Code
Olympia	WA	98507-0235

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Transaction ID : D136094

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Duncan for Congress

Mailing Address PO Box 732

City	State	Zip Code
Clinton	SC	29325

Purpose of Disbursement	Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

Date of Disbursement

09 / 13 / 2012

Transaction ID : D136172

Amount of Each Disbursement this Period

1500.00

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

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

3800.00

[illegible]

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. DUTCH RUPPERSBERGER FOR CONGRESSMailing Address 499 S Capitol St SW
Ste 404

City Washington State DC Zip Code 20003-4004

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. C.A. RuppensbergerOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MD District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135890

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. ERIC PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2012 ☐ Primary ☐ General ☒ Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2012

Transaction ID : D135676

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Fitzpatrick For Congress

Mailing Address P.O. Box 185

City Langhorne State PA Zip Code 19047

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Michael FitzpatrickOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : D134981

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Fitzpatrick For Congress

Mailing Address P.O. Box 185

City
LanghorneState
PAZip Code
19047Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Michael FitzpatrickCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : D136159

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Fleming for Congress

Mailing Address PO Box 1236

City
MindenState
LAZip Code
71058-1236Purpose of Disbursement
VOID CK#8084 2/22/12Category/
Type

Candidate Name

Dr John FlemingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: LA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : D136994

Amount of Each Disbursement this Period

-1000.00

VOID CK#8084 2/22/12

Full Name (Last, First, Middle Initial)

C. Friends of Chris Murphy

Mailing Address P.O. Box 127

City
CheshireState
CTZip Code
06410Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: CT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135683

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of David Gill

Mailing Address P.O. Box 163

City Savoy	State IL	Zip Code 61874-0163
---------------	-------------	------------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 13

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : D134806

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Friends of David Gill

Mailing Address P.O. Box 163

City Savoy	State IL	Zip Code 61874-0163
---------------	-------------	------------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: IL	District: 13

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Primary Debt Retirem

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : D136485

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Elizabeth Esty

Mailing Address PO Box 61

City Cheshire	State CT	Zip Code 06410
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CT	District: 05

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135858

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Jeanne Shaheen

Mailing Address PO BOX 1510

City MANCHESTER	State NH	Zip Code 03105
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Jeanne ShaheenOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135877

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Pitts

Mailing Address PO Box 775

City Unionville	State PA	Zip Code 19375
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Joseph R. PittsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135887

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Nan Hayworth

Mailing Address 1006 Pendleton Street

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

NAN HAYWORTHOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Transaction ID : D136168

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gillan for Congress

Mailing Address P.O. Box 1978

City	State	Zip Code
Billings	MT	59103

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: MT District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2012

Transaction ID : D136458

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Glacier PACMailing Address 236 Massachusetts Avenue, NE
Suite 603

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	12	/	2012

Transaction ID : D134801

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. GOAL PAC

Mailing Address PO Box 30344

City	State	Zip Code
Bethesda	MD	20824-0344

Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼
Annual Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2012

Transaction ID : D136163

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Heart Doc PAC

Mailing Address PO Box 628

City	State	Zip Code
Evansville	IN	47704-0628

Purpose of Disbursement
Contribution for Federal PACs/Committees

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

State: District: Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2012

Transaction ID : D135419

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Hultgren for Congress

Mailing Address 1118 East Main Street

City	State	Zip Code
Saint Charles	IL	60174

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Randy HultgrenOffice Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

State: IL District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : D134798

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jackie Walorski for CongressMailing Address 499 S. Capitol Street, SW
Suite 420

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:

<input checked="" type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☒ General
☐ Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134978

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Juan Vargas for Congress

Mailing Address P.O. Box 636

City	State	Zip Code
Annandale	VA	22003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Juan Vargas

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 51

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135854

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Kaine for VirginiaMailing Address 10 G Street, NE
Suite 570

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Tim Kaine

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President
State: VA	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : D134809

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Kirkpatrick for Arizona

Mailing Address P.o. Box 12011

City	State	Zip Code
Casa Grande	AZ	85130

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AZ	District: 01

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	19	/	2012

Transaction ID : D136454

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kurt Schrader For Congress

Mailing Address 205 N Main St.

City	State	Zip Code
Oregon City	OR	97045

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. Kurt SchraderOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2012

Transaction ID : D136862

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Linda Lingle Senate CommitteeMailing Address 1020 N. Fairfax Street
Suite 201

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: HI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : D136479

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City	State	Zip Code
Brentwood	TN	37024

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Marsha BlackburnOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135862

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Martin Heinrich for Senate

Mailing Address PO BOX 1174

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Martin Heinrich

Office Sought: ☐ House
☒ Senate
☐ President

State: NM District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y
07 / 18 / 2012

Transaction ID : D134991

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Martin Heinrich for Senate

Mailing Address PO BOX 1174

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Sen. Martin Heinrich

Office Sought: ☐ House
☒ Senate
☐ President

State: NM District:

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

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 13 / 2012

Transaction ID : D136142

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Mo Brooks for Congress

Mailing Address 7610 Foxfire Dr SE

City Huntsville State AL Zip Code 35802-2716

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

State: AL District: 05

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

Date of Disbursement

M M / D D / Y Y Y Y Y
09 / 12 / 2012

Transaction ID : D136092

Amount of Each Disbursement this Period

1500.00

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

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

4000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Montana Democratic Party

Mailing Address P.O. Bod 802

City	State	Zip Code
Helena	MT	53624

Purpose of Disbursement
Contributions for Federal Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		09		2012

Transaction ID : D135421

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. New Pioneers PACMailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2012

Transaction ID : D134987

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. New Pioneers PACMailing Address 228 S. Washington Street
Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2012

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼	

Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2012

Transaction ID : D135880

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Olson for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	13	/	2012

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Transaction ID : D136154Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Pete OlsonCategory/
Type

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 22

Full Name (Last, First, Middle Initial)

B. Olson for Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	09	/	2012

Mailing Address PO Box 16381

City	State	Zip Code
Sugar Land	TX	77496

Transaction ID : D135411Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Pete OlsonCategory/
Type

1000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 22

Full Name (Last, First, Middle Initial)

C. PEAK PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	19	/	2012

Mailing Address PO BOX 3187

City	State	Zip Code
IDAHO SPRINGS	CO	80452

Transaction ID : D136457Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1500.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2012

☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. People for Derek Kilmer

Mailing Address P.O. Box 1574

City State Zip Code
 Gig Harbor WA 98335

Purpose of Disbursement
 Contributions for Federal Candidates

011

Candidate Name

Rep. Derek Kilmer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
 09 / 13 / 2012

Transaction ID : D136165

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. People for Derek Kilmer

Mailing Address P.O. Box 1574

City State Zip Code
 Gig Harbor WA 98335

Purpose of Disbursement
 Contributions for Federal Candidates

011

Candidate Name

Rep. Derek Kilmer

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WA District: 06

Date of Disbursement

MM / DD / YYYY
 07 / 18 / 2012

Transaction ID : D134964

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
 Fremont CA 94537

Purpose of Disbursement
 Contributions for Federal Candidates

011

Candidate Name

Rep. Fortney Peter Stark

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 13

Date of Disbursement

MM / DD / YYYY
 07 / 12 / 2012

Transaction ID : D134803

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Pete Stark Re-Election Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2012

Mailing Address P.O. Box 8331

City	State	Zip Code
Fremont	CA	94537

Transaction ID : D135680Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Fortney Peter StarkCategory/
Type

1500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 13

Full Name (Last, First, Middle Initial)

B. Plummer for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Mailing Address P.O. Box 1272

City	State	Zip Code
O'Fallon	IL	62269

Transaction ID : D136451Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 12

Full Name (Last, First, Middle Initial)

C. Renacci for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		06		2012

Mailing Address 2729 - B
Fulton Drive NW

City	State	Zip Code
Canton	OH	44718

Transaction ID : D135860Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 16

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6500.00

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

PAGE 138 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Renacci for Congress

Mailing Address 2729 - B

Fulton Drive NW

City

Canton

State

OH

Zip Code

44718

Purpose of Disbursement

Contributions for Federal Candidates

011

Candidate Name

Category/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: OH

District: 16

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

08

22

2012

Transaction ID : D135678

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City

St. Paul

State

MN

Zip Code

55114

Purpose of Disbursement

Contributions for Federal Candidates

011

Candidate Name

Rep. Betty McCollumCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: MN

District: 04

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

07

12

2012

Transaction ID : D134796

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BILL JOHNSON FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 14496

City

POLAND

State

OH

Zip Code

44514

Purpose of Disbursement

Contributions for Federal Candidates

011

Candidate Name

Rep. Bill JohnsonCategory/
Type

Office Sought:



House



Senate



President

Disbursement For: 2012



Primary



General



Other (specify) ▼

State: OH

District: 06

Date of Disbursement

M M M /

D D D /

Y Y Y Y Y Y

09

06

2012

Transaction ID : D135889

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City Totowa	State NJ	Zip Code 07511
----------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: NJ	District: 08

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : D134799

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City Holidaysburg	State PA	Zip Code 16648
----------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Bill Shuster

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 09

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135870

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BILLY LONG FOR CONGRESS

Mailing Address 3246 E. RIDGEVIEW STREET

City SPRINGFIELD	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Billy Long

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO	District: 07

Disbursement For: 2012	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="" type="checkbox"/> General
------------------------	--	---

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135883

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BOBBY SCHILLING FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	13	/	2012

Mailing Address 367 Avenue of The Cities Suite D

City	State	Zip Code
East Moline	IL	61244

Transaction ID : D136167Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Bobby SchillingCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

1500.00

Full Name (Last, First, Middle Initial)

B. BOBBY SCHILLING FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Mailing Address 367 Avenue of The Cities Suite D

City	State	Zip Code
East Moline	IL	61244

Transaction ID : D134985Purpose of Disbursement
Contributions for Federal CandidatesCategory/
Type

Candidate Name

Rep. Bobby SchillingOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 17

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRIAN BILBRAY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Mailing Address 991C Lomas Santa Fe Drive

City	State	Zip Code
Solana Beach	CA	92075

Transaction ID : D135886Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Brian P. BilbrayCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 50

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 Linden Road

City	State	Zip Code
Mineola	NY	11501

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Carolyn McCarthy

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: NY District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : D136169

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
VOID CK#8289 6/13/12

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : D136991

Amount of Each Disbursement this Period

-2000.00

VOID CK#8289 6/13/12

Full Name (Last, First, Middle Initial)

C. CATHY MCMORRIS RODGERS FOR CONGRESS

Mailing Address Box 137

City	State	Zip Code
Spokane	WA	99210

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Cathy McMorris Rodgers

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
----------------	--	--

State: WA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135884

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FATTAH FOR CONGRESS

Mailing Address 3900 Ford Road Suite 12-O

City	State	Zip Code
Philadelphia	PA	19131

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Chaka FattahOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2012

Transaction ID : D135412

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 40040

City	State	Zip Code
ST PAUL	MN	55104

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Chip CravaackOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135684

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VAN HOLLEN FOR CONGRESS

Mailing Address 10537 St. Paul St.

City	State	Zip Code
Kensington	MD	20895

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Chris Van HollenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MD District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : D134797

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE Holladay, #105

City	State	Zip Code
Portland	OR	97232

Purpose of Disbursement
Contributions for Federal Candidate

Candidate Name

Rep. Earl BlumenauerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135875

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Frank Pallone Jr.Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : D136860

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City	State	Zip Code
HOUSTON	TX	77222

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Gene GreenOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

Transaction ID : D135422

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 Washington Street

City	State	Zip Code
Laredo	TX	78042

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Henry CuellarCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: TX	District: 28

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	09	/	2012

Transaction ID : D135418

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City	State	Zip Code
Burlingame	CA	94011

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jackie SpeierCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CA	District: 12

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135853

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. JIM HIMES FOR CONGRESSMailing Address 857 Post Road, #312
Ste 1

City	State	Zip Code
Fairfield	CT	06824

Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jim HimesCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: CT	District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135859

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. JOHN LEWIS FOR CONGRESS

Mailing Address PO Box 636

City	State	Zip Code
Annandale	VA	22003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134990

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KISSELL FOR CONGRESS

Mailing Address P.O. BOX 1530

City	State	Zip Code
BISCOE	NC	27209

Purpose of Disbursement
VOID CK#8280 6/13/12

Candidate Name

Rep. Larry KissellOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2012

Transaction ID : D136992

Amount of Each Disbursement this Period

-1000.00

VOID CK#8280 6/13/12

Full Name (Last, First, Middle Initial)

C. FRIENDS OF LOIS CAPPs

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Lois CappsOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		12		2012

Transaction ID : D134802

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2012

Mailing Address P.O. Box 730

Transaction ID : D136170

City	State	Zip Code
Honeoye	NY	14471

Amount of Each Disbursement this Period

Purpose of Disbursement
Contributions for Federal Candidates

011

2500.00

Candidate Name

Rep. Louise M. SlaughterCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NY District: 28

Full Name (Last, First, Middle Initial)

B. MICHAUD FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2012

Mailing Address 213 Lisbon St

Transaction ID : D134980

Amount of Each Disbursement this Period

City	State	Zip Code
Lewiston	ME	04240

Purpose of Disbursement
Contributions for Federal Candidates

011

1000.00

Candidate Name

Rep. Michael H. MichaudCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: ME District: 02

Full Name (Last, First, Middle Initial)

C. DOYLE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Mailing Address 205 HAWTHORNE COURT

Transaction ID : D136480

Amount of Each Disbursement this Period

City	State	Zip Code
PITTSBURGH	PA	15221

Purpose of Disbursement
Contribution for Federal Candidates

011

1500.00

Candidate Name

Rep. Mike DoyleCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: PA District: 14

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PAUL BROUN COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2012

Mailing Address P.O. Box 1512

City	State	Zip Code
Athens	GA	30601

Transaction ID : D134808Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Paul BrounCategory/
Type

4000.00

Office Sought:



House

Disbursement For: 2012



Primary

☐ General☐ Other (specify) ▼

State: GA

District: 10

Full Name (Last, First, Middle Initial)

B. PETE SESSIONS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2012

Mailing Address PO Box 823047

City	State	Zip Code
Dallas	TX	75382

Transaction ID : D136864Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Pete SessionsCategory/
Type

2500.00

Office Sought:



House

Disbursement For: 2012



Primary

☒ General☐ Other (specify) ▼

State: TX

District: 32

Full Name (Last, First, Middle Initial)

C. GINGREY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		13		2012

Mailing Address PO Box U

City	State	Zip Code
Marietta	GA	30060

Transaction ID : D136156Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Phil GingreyCategory/
Type

1000.00

Office Sought:



House

Disbursement For: 2012



Primary

☒ General☐ Other (specify) ▼

State: GA

District: 11

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. NEUGEBAUER CONGRESSIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Mailing Address PO BOX 54175

City	State	Zip Code
LUBBOCK	TX	79453

Transaction ID : D136861Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Randy NeugebauerCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 19

Amount of Each Disbursement this Period
1500.00

Full Name (Last, First, Middle Initial)

B. RIBBLE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Mailing Address PO BOX 7200

City	State	Zip Code
APPLETON	WI	54912

Transaction ID : D134983Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Reid RibbleCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: WI District: 08

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

C. RENEE ELLMERS FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2012

Mailing Address P.O. Box 904

City	State	Zip Code
Dunn	NC	28335

Transaction ID : D135436Purpose of Disbursement
VOID CK 8212 8/10/12

Amount of Each Disbursement this Period

Candidate Name

Rep. Renee EllmersCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 02

Amount of Each Disbursement this Period
-1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. ROB ANDREWS U.S. HOUSE COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		09		2012

Mailing Address 215 Fourth Avenue

City	State	Zip Code
Haddon Heights	NJ	07076

Transaction ID : D135417Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Robert E. AndrewsCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 01

1000.00

Full Name (Last, First, Middle Initial)

B. LEVIN FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Mailing Address PO Box 37

City	State	Zip Code
Roseville	MI	48066

Transaction ID : D134993Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Sander M. LevinCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: MI District: 12

2500.00

Full Name (Last, First, Middle Initial)

C. SCALISE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address PO Box 23219

City	State	Zip Code
Jefferson	LA	70183

Transaction ID : D135872Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. Steve ScaliseCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 01

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City
RoswellState
GAZip Code
30077Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Tom PriceCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135682

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
Contributions for Federal Candidates

012

Candidate Name

Rep. Vern BuchananCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135681

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City
SarasotaState
FLZip Code
34230Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Vern BuchananCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		13		2012

Transaction ID : D136161

Amount of Each Disbursement this Period

3500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. THORNBERRY FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address P.O. Box 9392

City	State	Zip Code
Amarillo	TX	79105

Transaction ID : D135864Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. William M. ThornberryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 13

2500.00

Full Name (Last, First, Middle Initial)

B. THORNBERRY FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Mailing Address P.O. Box 9392

City	State	Zip Code
Amarillo	TX	79105

Transaction ID : D134962Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Rep. William M. ThornberryCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 13

2500.00

Full Name (Last, First, Middle Initial)

C. Ricky Gill for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Mailing Address P.O. Box 691900

City	State	Zip Code
Stockton	CA	95269

Transaction ID : D134988Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

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

State: CA District: 09

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ron Barber for Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington	State DC	Zip Code 20003-1107
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: AZ	District: 02

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135866

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROSKAM PAC

Mailing Address 1006 Pendleton Sreet

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Transaction ID : D134979

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. ROSKAM PAC

Mailing Address 1006 Pendleton Sreet

City Alexandria	State VA	Zip Code 22314
--------------------	-------------	-------------------

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For: 2012
<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135874

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rubio/Reclaim America Joint Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Transaction ID : D135879Purpose of Disbursement
Contributions for Federal PACs/Committees

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

5000.00

Office Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☐ General
☒ Other (specify) ▼

State: FL

District:

Annual Contribution

Full Name (Last, First, Middle Initial)

B. BOB CASEY FOR SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		18		2012

Mailing Address 303 Massachusetts Ave., NE
1st Floor

City	State	Zip Code
Washington	DC	20002

Transaction ID : D134961Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

1500.00

Sen. Bob CaseyOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District: 00

Full Name (Last, First, Middle Initial)

C. BOB CORKER FOR SENATE 2012

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Mailing Address PO BOX 848

City	State	Zip Code
CHATTANOOGA	TN	37401

Transaction ID : D135885Purpose of Disbursement
Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2500.00

Sen. Bob CorkerOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: TN

District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9000.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER	State WY	Zip Code 82605
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. John BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135868

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER	State WY	Zip Code 82605
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Purpose of Disbursement
VOID CK#8376 8/9/12Category/
Type

Candidate Name

Sen. John BarrassoOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2012

Transaction ID : D136990

Amount of Each Disbursement this Period

-1500.00

VOID CK#8376 8/9/12

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City CASPER	State WY	Zip Code 82605
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Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. John BarrassoCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: WY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : D134800

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

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

National Emergency Medicine Political Action Committee

A. FRIENDS OF JOHN BARRASSO

Date of Disbursement

Transaction ID : D135420

011

Amount of Each Disbursement this Period

Category/
Type

Sen. John Barrasso

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

State: WY District: 00

Full Name (Last, First, Middle Initial)

B. MONTANANS FOR TESTER

Date of Disbursement

07 / 18 / 2012

Mailing Address PO BOX 1135

City	State	Zip Code
HELENA	MT	59624

Transaction ID : D134982

Purpose of Disbursement	Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Sen. Jon Tester

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: MT District: 00

Full Name (Last, First, Middle Initial)

C. MONTANANS FOR TESTER

Date of Disbursement

Mailing Address PO BOX 1135

City	State	Zip Code
HELENA	MT	59624

Transaction ID : D136162

Purpose of Disbursement	Contributions for Federal Candidates

011

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

Sen. Jon Tester

Office Sought:	<input type="checkbox"/>	House
	<input checked="" type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

State: MT District: 00

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

5500.00

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

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

PAGE 157 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City
WASHINGTONState
DCZip Code
20013Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Sherrod Brown

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: OH

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135882

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City
NEW CASTLEState
DEZip Code
19720Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Thomas R. Carper

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☐ Primary ☒ General
☐ Other (specify) ▼

State: DE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	06	/	2012

Transaction ID : D135878

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. CARPER FOR SENATE

Mailing Address 19 EAST COMMONS BLVD SECOND FLOOR

City
NEW CASTLEState
DEZip Code
19720Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Sen. Thomas R. Carper

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: DE

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	12	/	2012

Transaction ID : D134804

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stivers For Congress

Mailing Address 217 3rd St SE

City
WashingtonState
DCZip Code
20003-1904Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Mr. Steve StiversCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☐ Primary ☒ General
☐ Other (specify) ▼

State: OH District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	26	/	2012

Transaction ID : D136863

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Strickland for Congress 2012

Mailing Address P. O. Box 368

City
Falls ChurchState
VAZip Code
22040Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

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

State: CA District: 26

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : D134960

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Team Emerson For Jo Ann EmersonMailing Address PO Box 822
P.O. Box 822City
Cape GirardeauState
MOZip Code
63702Purpose of Disbursement
Contributions for Federal Candidates

011

Candidate Name

Rep. Jo Ann EmersonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	18	/	2012

Transaction ID : D134989

Amount of Each Disbursement this Period

1000.00

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

5000.00

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

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

PAGE 159 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ted Yoho for U.S. Congress

Mailing Address 8209 SW 95 Lane

City	State	Zip Code
Gainesville	FL	32608

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: FL	District: 03

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		19		2012

Transaction ID : D136484

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address PO Box 10429

City	State	Zip Code
Pittsburgh	PA	15234-0429

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Rep. Tim F. Murphy

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: PA	District: 18

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135863

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Tisei Congressional Committee

Mailing Address 932 Lynnfield St

City	State	Zip Code
Lynnfield	MA	01940-1579

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MA	District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135861

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6500.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tisei Congressional Committee

Mailing Address 932 Lynnfield St

City Lynnfield	State MA	Zip Code 01940-1579
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 06

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2012

Transaction ID : D134976

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Tom Cotton for Congress

Mailing Address PO Box 379

City Dardanelle	State AR	Zip Code 72834
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Tom Cotton

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AR District: 04

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		18		2012

Transaction ID : D134984

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Tom Rice for CongressMailing Address 1107 48th Ave N
Ste 210

City Myrtle Beach	State SC	Zip Code 29577-5443
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Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Tom Rice

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: SC District: 07

Disbursement For: 2012
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		19		2012

Transaction ID : D136477

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7500.00

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

National Emergency Medicine Political Action Committee

A. Wenstrup for Congress

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement	Contributions for Federal Candidates

Candidate Name

Office Sought:	<input checked="" type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary ☒ General

☐ Other (specify) ▼

Date of Disbursement

Transaction ID : D134975

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	For the purchase of land and buildings
2	For the purchase of machinery and equipment
3	For the purchase of inventory
4	For the purchase of supplies and materials
5	For the purchase of prepaid expenses
6	For the purchase of investments
7	For the purchase of securities
8	For the purchase of other assets
9	For the purchase of other liabilities
10	For the purchase of other equity
11	For the purchase of other income
12	For the purchase of other expenses
13	For the purchase of other assets
14	For the purchase of other liabilities
15	For the purchase of other equity
16	For the purchase of other income
17	For the purchase of other expenses
18	For the purchase of other assets
19	For the purchase of other liabilities
20	For the purchase of other equity
21	For the purchase of other income
22	For the purchase of other expenses
23	For the purchase of other assets
24	For the purchase of other liabilities
25	For the purchase of other equity
26	For the purchase of other income
27	For the purchase of other expenses
28	For the purchase of other assets
29	For the purchase of other liabilities
30	For the purchase of other equity
31	For the purchase of other income
32	For the purchase of other expenses
33	For the purchase of other assets
34	For the purchase of other liabilities
35	For the purchase of other equity
36	For the purchase of other income
37	For the purchase of other expenses
38	For the purchase of other assets
39	For the purchase of other liabilities
40	For the purchase of other equity
41	For the purchase of other income
42	For the purchase of other expenses
43	For the purchase of other assets
44	For the purchase of other liabilities
45	For the purchase of other equity
46	For the purchase of other income
47	For the purchase of other expenses
48	For the purchase of other assets
49	For the purchase of other liabilities
50	For the purchase of other equity
51	For the purchase of other income
52	For the purchase of other expenses
53	For the purchase of other assets
54	For the purchase of other liabilities
55	For the purchase of other equity
56	For the purchase of other income
57	For the purchase of other expenses
58	For the purchase of other assets
59	For the purchase of other liabilities
60	For the purchase of other equity
61	For the purchase of other income
62	For the purchase of other expenses
63	For the purchase of other assets
64	For the purchase of other liabilities
65	For the purchase of other equity
66	For the purchase of other income
67	For the purchase of other expenses
68	For the purchase of other assets
69	For the purchase of other liabilities
70	For the purchase of other equity
71	For the purchase of other income
72	For the purchase of other expenses
73	For the purchase of other assets
74	For the purchase of other liabilities
75	For the purchase of other equity
76	For the purchase of other income
77	For the purchase of other expenses
78	For the purchase of other assets
79	For the purchase of other liabilities
80	For the purchase of other equity
81	For the purchase of other income
82	For the purchase of other expenses
83	For the purchase of other assets
84	For the purchase of other liabilities
85	For the purchase of other equity
86	For the purchase of other income
87	For the purchase of other expenses
88	For the purchase of other assets
89	For the purchase of other liabilities
90	For the purchase of other equity
91	For the purchase of other income
92	For the purchase of other expenses
93	For the purchase of other assets
94	For the purchase of other liabilities
95	For the purchase of other equity
96	For the purchase of other income
97	For the purchase of other expenses
98	For the purchase of other assets
99	For the purchase of other liabilities
100	For the purchase of other equity

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

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

2500.00

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

248000.00

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

National Emergency Medicine Political Action Committee

510.00

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. 3 Dog Consulting

Mailing Address 104 Hume Avenue

City	State	Zip Code
Alexandria	VA	22301

Purpose of Disbursement
Co-host of event at Republican Convention

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

State: District: Annual Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2012

Transaction ID : D135679

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. American Academy of Orthopaedic Surgeons

Mailing Address 39031 Eagle Way

City	State	Zip Code
Chicago	IL	60678-1390

Purpose of Disbursement
RNC fundraising event expenses

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For: 2012

☐ Primary
☐ General
☒ Other (specify) ▼

State: District: RNC fundraising even

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		06		2012

Transaction ID : D135871

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees Sept 2012

Candidate Name

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2012

Transaction ID : D136983

Amount of Each Disbursement this Period

446.78

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

8946.78

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

PAGE 164 OF 164

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

Full Name (Last, First, Middle Initial)

A. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees August 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2012

Transaction ID : D136777

Amount of Each Disbursement this Period

511.37

Full Name (Last, First, Middle Initial)

B. CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City	State	Zip Code
Irving	TX	75062-8114

Purpose of Disbursement
Bank Fees July 2012

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2012

Transaction ID : D135714

Amount of Each Disbursement this Period

532.23

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1043.60

9990.38