

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

Office Use Only

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

National Emergency Medicine Political Action Committee

ADDRESS (number and street)

1125 Executive Circle

☐Check if different  
than previously  
reported. (ACC)

Irving

TX

75038

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00140061

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

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

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

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

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

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

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

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

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

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

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

01

01

2011

through

06

30

2011

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

Type or Print Name of Treasurer

Phyllis Edans, CPA, CAE

Signature of Treasurer

Electronically Filed by Phyllis Edans, CPA, CAE

Date

08

01

2011

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

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

# SUMMARY PAGE

## OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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
0	1	0	1	2	0	1	1

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2011</span>		678837.28
(b) Cash on Hand at Beginning of Reporting Period .....	678837.28	
(c) Total Receipts (from Line 19) .....	482421.11	482421.11
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1161258.39	1161258.39
7. Total Disbursements (from Line 31) .....	434192.13	434192.13
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	727066.26	727066.26
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

### For further information contact:

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

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

# DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

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

To:

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

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) .....	271004.27	271004.27
(ii) Unitemized .....	211031.24	211031.24
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	482035.51	482035.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	482035.51	482035.51
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	385.60	385.60
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	482421.11	482421.11
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	482421.11	482421.11

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	0.00	0.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	426500.00	426500.00	
24. Independent Expenditure (use Schedule E) .....	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees .....	2500.00	2500.00	
(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)) .....	2500.00	2500.00	
29. Other Disbursements.....	5192.13	5192.13	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share .....	0.00	0.00	
(ii) "Levin" Share .....	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	434192.13	434192.13	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	434192.13	434192.13	

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) .....	482035.51	482035.51
34. Total Contribution Refunds (from Line 28(d)) .....	2500.00	2500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	479535.51	479535.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Miguel A Acevedo Segui

Mailing Address 2326 Longmoore Ct

City

Orlando

State

FL

Zip Code

32835-5962

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1303724

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ademola Adewale

Mailing Address 2225 Kettle Dr

City

Orlando

State

FL

Zip Code

32835-8131

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293293

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191237

Amount of Each Receipt this Period

100.00

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

2100.00

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

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

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

FOR LINE NUMBER: PAGE 7 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1239456

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1260516

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293303

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311597

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Gregory L Almond

Mailing Address 320 W 83rd St

City

New York

State

NY

Zip Code

10024-4809

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
New York Med Coll/Metropo-  
litan

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1239418

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Roy L Alson

Mailing Address Department of Emergency Medicine  
Wake Forest Univ Sch of Med ED

City

Winston Salem

State

NC

Zip Code

27157-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wake Forest Univ Sch of  
Med ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1239458

Amount of Each Receipt this Period

150.00

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 9 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roy L Alson

Mailing Address Department of Emergency Medicine  
Wake Forest Univ Sch of Med ED

City State Zip Code  
Winston Salem NC 27157-0001

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Wake Forest Univ Sch of  
Med ED

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293305

Amount of Each Receipt this Period

150.00

**B.**

Full Name (Last, First, Middle Initial)

Stephen H Andersen, MD, FACEP

Mailing Address 12202 E Shangri La Rd

City State Zip Code  
Scottsdale AZ 85259-3301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scottsdale Emer Assoc

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  
0 3 / 0 4 / 2 0 1 1

Transaction ID: C1241835

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Stephen H Andersen, MD, FACEP

Mailing Address 12202 E Shangri La Rd

City State Zip Code  
Scottsdale AZ 85259-3301

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Scottsdale Emer Assoc

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  
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1303156

Amount of Each Receipt this Period

100.00

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

1250.00

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

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

FOR LINE NUMBER: PAGE 10 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter G Anderson

Mailing Address 1610 W Oceanfront

City

Newport Beach

State

CA

Zip Code

92663-4518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fountain Valley Reg Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: C1265988

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Joshua S Ardise

Mailing Address 1 Wingover Farm Ct

City

Flemington

State

NJ

Zip Code

08822-4545

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Joshua S Ardise

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: C1272554

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey L Arnold

Mailing Address 460 Twin Pines Dr

City

Scotts Valley

State

CA

Zip Code

95066-3920

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Jeffrey L Arnold

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318511

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Shobhit Arora

Mailing Address 405 Nature Ln

City

Rockville

State

MD

Zip Code

20850-7767

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1303141

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Tom Ashar

Mailing Address 30 Braxton St

City

Huntsville

State

AL

Zip Code

35806-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cullman Regl Med Ctr

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  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239312

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Tom Ashar

Mailing Address 30 Braxton St

City

Huntsville

State

AL

Zip Code

35806-5228

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cullman Regl Med Ctr

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  
0 5 / 2 5 / 2 0 1 1

Transaction ID: C1292832

Amount of Each Receipt this Period

100.00

**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: PAGE 12 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brent Asplin

Mailing Address 4198 Berkshire Rd SW

City

Rochester

State

MN

Zip Code

55902-1699

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1191084

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Brent Asplin

Mailing Address 4198 Berkshire Rd SW

City

Rochester

State

MN

Zip Code

55902-1699

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1239455

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Brent Asplin

Mailing Address 4198 Berkshire Rd SW

City

Rochester

State

MN

Zip Code

55902-1699

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1260517

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 13 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew Luke Aswegan

Mailing Address 41 Forsythia Ln

City

Bear

State

DE

Zip Code

19701-6301

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Union Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1283644

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce S Auerbach, MD, FACEP

Mailing Address 211 Park St

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 ▼

400.00

Date of Receipt

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

Transaction ID: C1178311

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce S Auerbach, MD, FACEP

Mailing Address 211 Park St

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 ▼

400.00

Date of Receipt

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

Transaction ID: C1191376

Amount of Each Receipt this Period

100.00

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

1200.00

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

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

FOR LINE NUMBER: PAGE 14 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce S Auerbach, MD, FACEP

Mailing Address 211 Park St

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 ▼

400.00

Date of Receipt

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

Transaction ID: C1269357

Amount of Each Receipt this Period

-100.00

**B.**

Full Name (Last, First, Middle Initial)

Bruce S Auerbach, MD, FACEP

Mailing Address 211 Park St

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 ▼

400.00

Date of Receipt

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

Transaction ID: C1260472

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Bruce S Auerbach, MD, FACEP

Mailing Address 211 Park St

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 ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293304

Amount of Each Receipt this Period

100.00

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

100.00

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 15 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bruce S Auerbach, MD, FACEP

Mailing Address 211 Park St

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311592

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Neal Finley Aulick, II

Mailing Address 11 Aaronwoods Ct

City

Wheeling

State

WV

Zip Code

26003-9358

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMP of Ohio Co PLLC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318250

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Rashid J Baddoura

Mailing Address 120 Heights Rd

City

Ridgewood

State

NJ

Zip Code

07450-2412

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Valley Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1283521

Amount of Each Receipt this Period

1000.00

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

2100.00

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

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

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

FOR LINE NUMBER: PAGE 16 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark E Baier

Mailing Address 15047 Berkshire Cir

City

Truckee

State

CA

Zip Code

96161-1186

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wahoe Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260579

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Brien Alfred Barnewolt, MD, FACEP

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 ▼

333.32

Date of Receipt

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

Transaction ID: C1191085

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Brien Alfred Barnewolt, MD, FACEP

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 ▼

333.32

Date of Receipt

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

Transaction ID: C1239460

Amount of Each Receipt this Period

83.33

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

666.66

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



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

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

FOR LINE NUMBER: PAGE 17 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brien Alfred Barnewolt, MD, FACEP

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 ▼

333.32

Date of Receipt

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

Transaction ID: C1260519

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Brien Alfred Barnewolt, MD, FACEP

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 ▼

333.32

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272778

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Markintosh Barthelemy

Mailing Address 900 Barnegat Blvd N

City

Barnegat

State

NJ

Zip Code

08005-2574

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191181

Amount of Each Receipt this Period

500.00

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

666.66

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

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

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

FOR LINE NUMBER: PAGE 18 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis M Beck

Mailing Address 3033 S Parker Rd  
Beacon Med Svcs

City State Zip Code  
Aurora CO 80014-2938

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Beacon 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  
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1285851

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1191239

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1239459

Amount of Each Receipt this Period

83.33

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

1166.66

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

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

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

FOR LINE NUMBER: PAGE 19 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew 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 ▼

499.98

Date of Receipt

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

Transaction ID: C1260514

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272779

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293307

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 20 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: C1311594

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

John M Bernard

Mailing Address 99 Route 37 W  
Cmnty Med Ctr ED

City

Toms River

State

NJ

Zip Code

08755-6423

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191182

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Benjamin Bernstein

Mailing Address 4 South St

City

Great Neck

State

NY

Zip Code

11023-1219

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medical Associa-  
tes

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318324

Amount of Each Receipt this Period

1000.00

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

1583.33

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

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

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

FOR LINE NUMBER: PAGE 21 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Bessette

Mailing Address 651 W Mount Pleasant Ave  
EMA

City State Zip Code  
Livingston NJ 07039-1600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMA

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1251359

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kiran Beyer

Mailing Address 3337 SE Alder St

City State Zip Code  
Portland OR 97214-3121

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NW Acute Care Spec

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1266007

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

John D Bibb

Mailing Address 16449 Akron St

City State Zip Code  
Pacific Plsds CA 90272-2304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cedars Sinai Medical Center

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1241823

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 22 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stewart E Bick

Mailing Address 1149 W 116th St

City

Carmel

State

IN

Zip Code

46032-9512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincent Hosp & Hlth Cre  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: C1270146

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dale Scott Birenbaum

Mailing Address 3298 Kentshire Blvd

City

Ocoee

State

FL

Zip Code

34761-4621

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293354

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1241837

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 23 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frederick C Blum, MD, FACEP

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1191086

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Frederick C Blum, MD, FACEP

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1239461

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Frederick C Blum, MD, FACEP

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1260520

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 24 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter Blume

Mailing Address 20 Ridge Rd

City

Concord

State

NH

Zip Code

03301-3010

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Concord Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	5	/	2	0	1	1

Transaction ID: C1265990

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Brooks F Bock

Mailing Address 1700 Lions Ridge Loop

City

Vail

State

CO

Zip Code

81657-5757

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1288542

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Brian M Boesiger

Mailing Address 419 E Cave Ct

City

Boise

State

ID

Zip Code

83702-5064

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ID Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1257130

Amount of Each Receipt this Period

250.00

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

2250.00

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



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

FOR LINE NUMBER: PAGE 25 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ethan A Booker

Mailing Address 417 T St NW

City

Washington

State

DC

Zip Code

20001-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Hosp Ctr

Occupation

Emergency Physician

Receipt For: 2011

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1187694

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ethan A Booker

Mailing Address 417 T St NW

City

Washington

State

DC

Zip Code

20001-1808

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Hosp Ctr

Occupation

Emergency Physician

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1293335

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ashley E Booth, MD, FACEP

Mailing Address 655 W 8th St  
Shands Jacksonville Educ

City

Jacksonville

State

FL

Zip Code

32209-6511

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of FL

Occupation

Emergency Physician

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260471

Amount of Each Receipt this Period

250.00

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 26 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ashley E Booth, MD, FACEP

Mailing 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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311561

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med Univ of SC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1191245

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code  
Charleston SC 29412-3632

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Med Univ of SC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1239464

Amount of Each Receipt this Period

100.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 27 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1260513

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1287432

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293306

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 28 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City

Charleston

State

SC

Zip Code

29412-3632

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Univ of SC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311593

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Samuel Francis Bosco

Mailing Address 6 Fox Glove Ct

City

Wynantskill

State

NY

Zip Code

12198-7801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Peters Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1241845

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Bradford J Bowls

Mailing Address 121 NW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-5958

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293287

Amount of Each Receipt this Period

1000.00

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

2100.00

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

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

FOR LINE NUMBER: PAGE 29 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Francis Boyle

Mailing Address 12505 Nathaniel Oaks Dr

City

Herndon

State

VA

Zip Code

20171-1732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
BestPractices Inc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: C1303390

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

G Richard Braen

Mailing Address 100 High St  
SUNY/ Buffalo Gen Hosp

City

Buffalo

State

NY

Zip Code

14203-1126

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
0	6	/	2	2	/	2	0	1	1

Transaction ID: C1308508

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Alkesh Brahmbhatt

Mailing Address 1441 Langham Ter

City

Lake Mary

State

FL

Zip Code

32746-1967

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293340

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 30 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1191241

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1239462

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Sabina A Braithwaite

Mailing Address PO Box 780809

City

Wichita

State

KS

Zip Code

67278

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1260512

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 31 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Antonio L Brandt, MD, FACEP

Mailing Address 3322 150th PI SE

City

Mill Creek

State

WA

Zip Code

98012-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Sound Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1191216

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Antonio L Brandt, MD, FACEP

Mailing Address 3322 150th PI SE

City

Mill Creek

State

WA

Zip Code

98012-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Sound Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1239325

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Antonio L Brandt, MD, FACEP

Mailing Address 3322 150th PI SE

City

Mill Creek

State

WA

Zip Code

98012-4862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Sound Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1260677

Amount of Each Receipt this Period

-200.00

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

200.00

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

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

FOR LINE NUMBER: PAGE 32 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J Bresler

Mailing Address 1025 Wilmington Way

City

Emerald Hills

State

CA

Zip Code

94062-4069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mills Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1241836

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Robert B Bristow

Mailing Address 11 Wildcliff Rd

City

New Rochelle

State

NY

Zip Code

10805-3803

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NY Presbyterian Med Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1303638

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas P Brosnan, MD, JD

Mailing Address 1420 East Roseville Parkway St  
Ste 140-107

City

Roseville

State

CA

Zip Code

95661

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Douglas P Brosnan

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318526

Amount of Each Receipt this Period

1000.00

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

1500.00

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



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

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

FOR LINE NUMBER: PAGE 33 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Tracy Brown

Mailing Address 12528 Sr 78

City

Havana

State

IL

Zip Code

62644-6866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF St Francis Med Ctr

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  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253715

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James Tracy Brown

Mailing Address 12528 Sr 78

City

Havana

State

IL

Zip Code

62644-6866

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OSF St Francis Med Ctr

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  
0 5 / 0 3 / 2 0 1 1

Transaction ID: C1283767

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy K Brown

Mailing Address 1830 Bro Mor St

City

Saginaw

State

MI

Zip Code

48602-4844

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1295228

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 34 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W Richard Bukata

Mailing Address 227 W Orange Grove Ave

City

Sierra Madre

State

CA

Zip Code

91024-2427

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Center for Med Ed Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260536

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Timothy F Bumpas

Mailing Address 115 Sparling Rd

City

Hot Springs

State

AR

Zip Code

71913-8857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SJRHC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1272564

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Amy E Burford

Mailing Address 32 Laurel Wood Rd

City

Newport News

State

VA

Zip Code

23602-6111

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311618

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 35 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Burton

Mailing Address 3875 Geist Rd Ste E203

City

Fairbanks

State

AK

Zip Code

99709-3549

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Golden Heart Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 7 / 2 0 1 1

Transaction ID: C1318261

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Amabel-Jovan C Cabatu

Mailing Address 14081 Portrush Dr

City

Orlando

State

FL

Zip Code

32828-8241

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293355

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph J Calabro

Mailing Address 15 Hance Road

City

Fair Haven

State

NJ

Zip Code

07704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PPE

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 4 / 2 0 1 1

Transaction ID: C1291749

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 36 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy Calicott

Mailing Address 14623 Chambery Dr

City

Little Rock

State

AR

Zip Code

72211-5586

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Conway Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1241833

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Anthony Catapano

Mailing Address 4305 Autumn Dr

City

Tinton Falls

State

NJ

Zip Code

07753-7451

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191183

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Goodwin Cetta

Mailing Address 13011 Boswell Ct

City

Potomac

State

MD

Zip Code

20854-6361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289789

Amount of Each Receipt this Period

2000.00

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

2750.00

**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 37 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kahang Lee Chan

Mailing Address 3839 Brantley Place Cir

City

Apopka

State

FL

Zip Code

32703-6855

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293356

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Neil L Christen

Mailing Address 4805 Laurel Trce

City

Anniston

State

AL

Zip Code

36207-9300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE Alabama Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1256768

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1191254

Amount of Each Receipt this Period

83.33

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

1583.33

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

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

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

FOR LINE NUMBER: PAGE 38 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael 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 ▼

249.99

Date of Receipt

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

Transaction ID: C1239467

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1260509

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Leonardo Cisneros

Mailing Address 5206 Overview Ct

City

Orlando

State

FL

Zip Code

32819-3853

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293343

Amount of Each Receipt this Period

1000.00

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

1166.66

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

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

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

FOR LINE NUMBER: PAGE 39 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathaniel W Clark

Mailing Address 1216 E Newton St

City

Seattle

State

WA

Zip Code

98102-4104

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Nathaniel W Clark

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1267702

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: C1191258

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: C1239469

Amount of Each Receipt this Period

90.00

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

680.00

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

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

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

FOR LINE NUMBER: PAGE 40 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

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

Transaction ID: C1260511

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272781

Amount of Each Receipt this Period

90.00

**C.**

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293309

Amount of Each Receipt this Period

90.00

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

270.00

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



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

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

FOR LINE NUMBER: PAGE 41 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

R Carter Clements

Mailing Address 5558 Taft Ave

City

Oakland

State

CA

Zip Code

94618-1519

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OakCare Med Grp Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311589

Amount of Each Receipt this Period

90.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel J Cole

Mailing Address 802 Kenyon Rd  
Trinity Regl Hosp ED

City

Fort Dodge

State

IA

Zip Code

50501-5740

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Trinity Regl Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1239393

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Amy Ruben Conley, MD, FACEP

Mailing Address 6419 Renwick Cir

City

Tampa

State

FL

Zip Code

33647-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa Bay Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260469

Amount of Each Receipt this Period

250.00

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

1340.00

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

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

FOR LINE NUMBER: PAGE 42 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Amy Ruben Conley, MD, FACEP

Mailing Address 6419 Renwick Cir

City

Tampa

State

FL

Zip Code

33647-1173

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tampa Bay Emer Phys

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311568

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Douglas Mark Connor

Mailing Address 5 Hillside Rd

City

Concord

State

NH

Zip Code

03301-2516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Concord Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311627

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Marco Coppola, DO, FACEP

Mailing Address 7105 Waldon Ct

City

Colleyville

State

TX

Zip Code

76034-7319

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Questcare 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
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1294338

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 43 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter W Corrigan

Mailing Address 1723 Alta Oaks Dr

City

Arcadia

State

CA

Zip Code

91006-1702

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntington Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1240393

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Chris Courtney, MD, FACEP

Mailing Address 9883 E Desert Jewel Dr

City

Scottsdale

State

AZ

Zip Code

85255-9222

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311630

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Kathleen Cowling

Mailing Address 3400 Midland Rd

City

Saginaw

State

MI

Zip Code

48603-9634

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1253722

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 44 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

250.00

Date of Receipt

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

Transaction ID: C1260470

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Geoffrey M Crockett

Mailing Address 652 Pioneer Fork Road

City

Salt Lake City

State

UT

Zip Code

84108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Intermountain Health Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1262134

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel E Culhane

Mailing Address 22 Highland Dr

City

Sn Luis Obisp

State

CA

Zip Code

93405-1018

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
French Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318523

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 45 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wesley A Curry

Mailing Address 1082 Richmond Dr

City

Claremont

State

CA

Zip Code

91711-3350

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomona Valley Hosp Med Ctr  
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318519

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1191251

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

James Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1239465

Amount of Each Receipt this Period

83.33

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

1166.66

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

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

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

FOR LINE NUMBER: PAGE 46 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1260507

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

James Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272780

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

James Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293308

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 47 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James Michael Cusick

Mailing Address 10309 E Lake Dr

City

Englewood

State

CO

Zip Code

80111-5499

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311595

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Randal L Dabbs

Mailing Address 1431 Centerpoint Blvd  
Team Health MidSouth

City

Knoxville

State

TN

Zip Code

37932-1983

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Team Health MidSouth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1283522

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Rachel A Dahms

Mailing Address 804 Ross Rd

City

Hudson

State

WI

Zip Code

54016-7655

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regions Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1303185

Amount of Each Receipt this Period

300.00

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

1383.33

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

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

FOR LINE NUMBER: PAGE 48 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1191184

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David Dansky

Mailing Address PO Box S

City

Carmel By The

State

CA

Zip Code

93921-0589

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CHOMP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: C1272548

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Edward Davis

Mailing Address 444 Dillon Cir NE

City

North Canton

State

OH

Zip Code

44720-7863

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Canton Aultman Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1303184

Amount of Each Receipt this Period

500.00

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

1250.00

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



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

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

FOR LINE NUMBER: PAGE 49 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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

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

Transaction ID: C1293298

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Charles Deng

Mailing Address 3962 Aspen St

City

Irvine

State

CA

Zip Code

92606-2132

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Cross Medical Center  
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318512

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Paul DePonte

Mailing Address 107 Baytree Ct

City

Winter Spgs

State

FL

Zip Code

32708-5122

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293338

Amount of Each Receipt this Period

1000.00

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

2500.00

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

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

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

FOR LINE NUMBER: PAGE 50 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laurence R DesRochers

Mailing Address 640 Harbor Rd

City

Brick

State

NJ

Zip Code

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 ▼

750.00

Date of Receipt

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

Transaction ID: C1191185

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Laurence R DesRochers

Mailing Address 640 Harbor Rd

City

Brick

State

NJ

Zip Code

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 ▼

750.00

Date of Receipt

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

Transaction ID: C1239482

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Laurence R DesRochers

Mailing Address 640 Harbor Rd

City

Brick

State

NJ

Zip Code

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293312

Amount of Each Receipt this Period

125.00

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

750.00

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

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

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John J Devlin

Mailing Address 2714 Gum Rd

City

Chesapeake

State

VA

Zip Code

23321-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naval Med Ctr Portsmouth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1240313

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

John J Devlin

Mailing Address 2714 Gum Rd

City

Chesapeake

State

VA

Zip Code

23321-1516

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Naval Med Ctr Portsmouth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: C1303189

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Robert A Di Lorenzo

Mailing Address 4734 Cypress Ford Dr

City

Fuquay Varina

State

NC

Zip Code

27526-9081

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raleigh Emer Med Assoc Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1293299

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 52 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George Scott Dilts

Mailing Address 2585 Merganzer Pt

City

State

Zip Code

Sumter

SC

29150-3195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toumey Medical Center

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  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260542

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

George Scott Dilts

Mailing Address 2585 Merganzer Pt

City

State

Zip Code

Sumter

SC

29150-3195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Toumey Medical Center

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  
0 6 / 2 9 / 2 0 1 1

Transaction ID: C1318268

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jno Jacob Disch

Mailing Address 3892 Savoy Dr

City

State

Zip Code

Cleveland

OH

44126-1766

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Akron Gen Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1241825

Amount of Each Receipt this Period

500.00

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

1100.00

**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: PAGE 53 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Marc Dorfman

Mailing Address 462 Madison Ave

City

Glencoe

State

IL

Zip Code

60022-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marc Dorfman, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1260468

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Dorfman

Mailing Address 462 Madison Ave

City

Glencoe

State

IL

Zip Code

60022-1857

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Marc Dorfman, MD, FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311563

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Thomas Dorrity

Mailing Address 1124 Willoughby Ln

City

Mt Pleasant

State

SC

Zip Code

29466-9039

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MSU-Sparrow Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1240385

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)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher I Doty

Mailing Address 176 Sterling Pl

City

Brooklyn

State

NY

Zip Code

11217-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Downstate Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260476

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher I Doty

Mailing Address 176 Sterling Pl

City

Brooklyn

State

NY

Zip Code

11217-3325

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SUNY Downstate Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311570

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Marc M Dreier

Mailing Address 295 Richards Rd

City

Ridgewood

State

NJ

Zip Code

07450-1009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
The Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

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

Transaction ID: C1288541

Amount of Each Receipt this Period

2500.00

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

3000.00

**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

FOR LINE NUMBER: PAGE 55 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

State

Zip Code

Tappahannock

VA

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1191259

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

State

Zip Code

Tappahannock

VA

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1239471

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

State

Zip Code

Tappahannock

VA

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1260506

Amount of Each Receipt this Period

50.00

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

150.00

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

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

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

FOR LINE NUMBER: PAGE 56 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

State

Zip Code

Tappahannock

VA

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272783

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

State

Zip Code

Tappahannock

VA

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293310

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

State

Zip Code

Tappahannock

VA

22560-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Tappahannock Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311590

Amount of Each Receipt this Period

50.00

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

150.00

**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

FOR LINE NUMBER: PAGE 57 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Brian Dunne

Mailing Address 51800 9 Mile Rd

City

Northville

State

MI

Zip Code

48167-9773

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Specialists PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1251361

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James K Dwyer

Mailing Address 1 Mein Dr

City

New City

State

NY

Zip Code

10956-6712

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Nyack Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 8 / 2 0 1 1

Transaction ID: C1303415

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Paul R Dwyer

Mailing Address 2490 Bluff Meadows Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-7906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Metropolitan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1191261

Amount of Each Receipt this Period

250.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 58 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James S Eadie

Mailing Address 201 N Lowell Ln

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1304856

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Frank J Edwards

Mailing Address 5725 Sodus Shrs

City

Sodus

State

NY

Zip Code

14551-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Myers Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1239397

Amount of Each Receipt this Period

150.00

**C.**

Full Name (Last, First, Middle Initial)

Frank J Edwards

Mailing Address 5725 Sodus Shrs

City

Sodus

State

NY

Zip Code

14551-9610

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Myers Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1256968

Amount of Each Receipt this Period

100.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 59 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Irv E Edwards, MD, FACEP

Mailing Address 111 N Sepulveda Blvd  
Ste 210

City State Zip Code  
Manhattan Bch 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 ▼

0.00

Date of Receipt

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

Transaction ID: C1260458

Amount of Each Receipt this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Ann Egland

Mailing Address 15095 Cedar Brook PI

City State Zip Code  
Hughesville MD 20637-2315

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Ann Egland

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1321330

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard J Eisenhut, Jr

Mailing Address 1090 Old Moore Rd

City State Zip Code  
Martinsville IN 46151-9049

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1241818

Amount of Each Receipt this Period

500.00

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

3250.00

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

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

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

FOR LINE NUMBER: PAGE 60 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher D D Elliott

Mailing Address 3196 Hikina Rd

City

Koloa

State

HI

Zip Code

96756-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Christopher D Elliott

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260538

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher D D Elliott

Mailing Address 3196 Hikina Rd

City

Koloa

State

HI

Zip Code

96756-8500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Christopher D Elliott

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1288626

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Angelo L Falcone

Mailing Address 20251 Century Blvd  
Montgomery Emer Phys

City

Germantown

State

MD

Zip Code

20874-1199

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montgomery Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289788

Amount of Each Receipt this Period

2000.00

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

2300.00

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

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

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

FOR LINE NUMBER: PAGE 61 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Farman

Mailing Address 2257 Tanya Dr

City

Avon

State

IN

Zip Code

46123-7437

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendricks Regl Hlth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1251401

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Fawcett

Mailing Address 4408 Hanover St

City

Dallas

State

TX

Zip Code

75225-6750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1256770

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Fawcett

Mailing Address 4408 Hanover St

City

Dallas

State

TX

Zip Code

75225-6750

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1291302

Amount of Each Receipt this Period

100.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 62 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William Basil Felegi

Mailing Address 731 Red Lion Way

City

Bridgewater

State

NJ

Zip Code

08807-1668

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morristown Mem Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1256804

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Scott E Felten

Mailing Address 11122 S Harvard Ave

City

Tulsa

State

OK

Zip Code

74137-7810

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Francis Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1303197

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew N Fenton, MD, FACEP

Mailing Address 730 3rd St E

City

Sonoma

State

CA

Zip Code

95476-7110

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1257089

Amount of Each Receipt this Period

1000.00

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

3000.00

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

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

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

FOR LINE NUMBER: PAGE 63 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wesley Fields, III

Mailing Address 24411 Health Center Dr

City

Laguna Hills

State

CA

Zip Code

92653-3698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Saddleback Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318513

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

J Clifford Clifford Findeiss

Mailing Address 2824 NE 27th St

City

Ft Lauderdale

State

FL

Zip Code

33306-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J Clifford Findeiss, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: C1269046

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

J Clifford Clifford Findeiss

Mailing Address 2824 NE 27th St

City

Ft Lauderdale

State

FL

Zip Code

33306-1913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
J Clifford Findeiss, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2100.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1294323

Amount of Each Receipt this Period

2000.00

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

3100.00

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

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

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

FOR LINE NUMBER: PAGE 64 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John 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 ▼

250.00

Date of Receipt

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

Transaction ID: C1239490

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Angela Siler Fisher

Mailing Address 79 Lakeside Grn

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260451

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Angela Siler Fisher

Mailing Address 79 Lakeside Grn

City

The Woodlands

State

TX

Zip Code

77382-2078

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Greater Houston Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311564

Amount of Each Receipt this Period

250.00

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

750.00

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



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

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

FOR LINE NUMBER: PAGE 65 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

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

Transaction ID: C1191263

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

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

Transaction ID: C1239485

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

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

Transaction ID: C1260503

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 66 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272785

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

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

Transaction ID: C1283755

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293313

Amount of Each Receipt this Period

83.33

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

266.66

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

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

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

FOR LINE NUMBER: PAGE 67 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

599.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311591

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C1191267

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C1239489

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 68 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C1260502

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272784

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293315

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 69 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Juan Francisco Fitz

Mailing Address 6021 90th St

City

Lubbock

State

TX

Zip Code

79424-0814

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Covenant Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311586

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C1191265

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C1239488

Amount of Each Receipt this Period

100.00

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

283.33

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

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

FOR LINE NUMBER: PAGE 70 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

700.00

Date of Receipt

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

Transaction ID: C1256937

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C1260505

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	4	/	2	0	1	1

Transaction ID: C1284767

Amount of Each Receipt this Period

100.00

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

300.00

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

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

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

FOR LINE NUMBER: PAGE 71 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293316

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Kelly Foley

Mailing Address 1133 Pond Cypress Dr

City

Virginia Bch

State

VA

Zip Code

23455-6859

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys of Tidewater

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311587

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Dennis M Ford

Mailing Address 8033 Bayridge Ave

City

Gig Harbor

State

WA

Zip Code

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  
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1272803

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 72 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Fower

Mailing Address 10832 Wrightwood Ln

City

State

Zip Code

Studio City

CA

91604-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollywood Presbyterian Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C1191225

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Frank Fower

Mailing Address 10832 Wrightwood Ln

City

State

Zip Code

Studio City

CA

91604-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollywood Presbyterian Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C1239362

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Frank Fower

Mailing Address 10832 Wrightwood Ln

City

State

Zip Code

Studio City

CA

91604-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollywood Presbyterian Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C1260687

Amount of Each Receipt this Period

-125.00

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

125.00

**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 73 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Frank Fower

Mailing Address 10832 Wrightwood Ln

City

Studio City

State

CA

Zip Code

91604-3952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hollywood Presbyterian Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C1269101

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Webster Fowlie, Jr

Mailing Address 32 Kingswood Ct

City

Belle Mead

State

NJ

Zip Code

08502-5227

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191186

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Scott H Freedman

Mailing Address 12814 Doe Ln

City

Gaithersburg

State

MD

Zip Code

20878-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	1	1

Transaction ID: C1289787

Amount of Each Receipt this Period

2000.00

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

2600.00

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 74 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dan BG Freess, MD

Mailing Address 612 Fern St

City

West Hartford

State

CT

Zip Code

06107-1417

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Connecticut

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	6	/	2	0	1	1

Transaction ID: C1285856

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Howard Ian Friedman

Mailing Address 1350 Liverpool Dr

City

Pasadena

State

CA

Zip Code

91103-1926

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pomona Valley Hospital Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1319906

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Vidor E Friedman

Mailing Address 13061 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293291

Amount of Each Receipt this Period

1000.00

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

3000.00

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 75 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Vicki Kay Friend

Mailing Address 5753 Aloma Woods Blvd

City

Oviedo

State

FL

Zip Code

32765-9437

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293351

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Wayne S Friestad

Mailing Address 1528 Langham Ter

City

Lake Mary

State

FL

Zip Code

32746-1971

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

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

Transaction ID: C1270756

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Wayne S Friestad

Mailing Address 1528 Langham Ter

City

Lake Mary

State

FL

Zip Code

32746-1971

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

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293357

Amount of Each Receipt this Period

1000.00

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

2500.00

**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 76 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brett A Gamma

Mailing Address 14930 Finegan Farm Dr

City

Germantown

State

MD

Zip Code

20874-3605

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Shaddy Grove Adventist Ho-  
sp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	1	1

Transaction ID: C1289793

Amount of Each Receipt this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293339

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ann Marie Garritano

Mailing Address 19001 Audette St.

City

Dearborn

State

MI

Zip Code

48124

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

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1240457

Amount of Each Receipt this Period

1000.00

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

4000.00

**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 77 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher M Gentle

Mailing Address 10131 Roulette Dr

City

Hagerstown

State

MD

Zip Code

21740-1492

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Cnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1257146

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Michael Joseph Gerardi

Mailing Address 29 Heritage Ct

City

Randolph

State

NJ

Zip Code

07869-3534

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	7	/	2	0	1	1

Transaction ID: C1303421

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David Ghilarducci

Mailing Address 268 Calvin Pl

City

Santa Cruz

State

CA

Zip Code

95060-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. David Ghilarducci

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1241850

Amount of Each Receipt this Period

500.00

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

1750.00

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

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

FOR LINE NUMBER: PAGE 78 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Giles

Mailing Address 1212 Cypress Pl

City

Forked River

State

NJ

Zip Code

08731-4530

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191187

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

William S Gilmore

Mailing Address 4518 Chouteau Ave

City

Saint Louis

State

MO

Zip Code

63110-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1260576

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

William S Gilmore

Mailing Address 4518 Chouteau Ave

City

Saint Louis

State

MO

Zip Code

63110-1518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington Univ Sch of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	7	/	2	0	1	1

Transaction ID: C1283671

Amount of Each Receipt this Period

100.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 79 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Beth Girgis

Mailing Address 140 New Briton Ct

City

Bradenton

State

FL

Zip Code

34212-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phy of St Pe

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1191201

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Beth Girgis

Mailing Address 140 New Briton Ct

City

Bradenton

State

FL

Zip Code

34212-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phy of St Pe

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1239317

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Beth Girgis

Mailing Address 140 New Briton Ct

City

Bradenton

State

FL

Zip Code

34212-9367

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phy of St Pe

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1260667

Amount of Each Receipt this Period

-200.00

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

200.00

**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 80 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1253709

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Jacob K Goertz

Mailing Address 235 W 102nd St

City

New York

State

NY

Zip Code

10025-8434

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Long Island Jewish Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1287434

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Paul Gohsler

Mailing Address 6 Byram Ct

City

Mendham

State

NJ

Zip Code

07945-2932

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morristown Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1303425

Amount of Each Receipt this Period

250.00

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

1000.00

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



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

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

FOR LINE NUMBER: PAGE 81 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Andrew Goldman

Mailing Address 428 Raccoon St

City

Lake Mary

State

FL

Zip Code

32746-3802

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293290

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey Michael Goodloe

Mailing Address 3720 E 99th PI

City

Tulsa

State

OK

Zip Code

74137-5231

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
OU COM-Tulsa-Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293276

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mylissa Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1191268

Amount of Each Receipt this Period

100.00

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 82 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Myliissa Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1239975

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Myliissa Amy Graber

Mailing Address 7809 Trieste PI

City

Delray Beach

State

FL

Zip Code

33446-4403

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Coral Springs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1260501

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Eugene Graham

Mailing Address 2104 Pell St

City

Scottsboro

State

AL

Zip Code

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1253706

Amount of Each Receipt this Period

1000.00

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

1200.00

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

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

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

FOR LINE NUMBER: PAGE 83 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith Grams

Mailing Address 7 Tilsit Way

City

Webster

State

NY

Zip Code

14580-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester General Hospital

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  
0 3 / 1 0 / 2 0 1 1

Transaction ID: C1251400

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Keith Grams

Mailing Address 7 Tilsit Way

City

Webster

State

NY

Zip Code

14580-4704

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rochester General Hospital

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  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318920

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A Granovsky

Mailing Address 8295 Alvord St

City

Mc Lean

State

VA

Zip Code

22102-1739

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Greater Washington Emer  
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  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239421

Amount of Each Receipt this Period

1000.00

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

1600.00

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

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

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

FOR LINE NUMBER: PAGE 84 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stephen A D Grant

Mailing Address 1 Cherry Hills Dr

City

Aiken

State

SC

Zip Code

29803-5688

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aiken Emer Med Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

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

Transaction ID: C1191271

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1239976

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1260498

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 85 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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  
Dept 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  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260467

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

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  
Dept 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  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311565

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rachelle Ann Greenman

Mailing Address 122 Renaissance Drive

City State Zip Code  
Cherry Hill NJ 08003

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Cooper University Hospital

Occupation  
physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1288271

Amount of Each Receipt this Period

500.00

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

1000.00

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

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

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

FOR LINE NUMBER: PAGE 86 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Guyer

Mailing Address 559 E Kirby St

City

Detroit

State

MI

Zip Code

48202-4120

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 ▼

300.00

Date of Receipt

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

Transaction ID: C1256779

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Guyer

Mailing Address 559 E Kirby St

City

Detroit

State

MI

Zip Code

48202-4120

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 ▼

300.00

Date of Receipt

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

Transaction ID: C1261968

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Guyer

Mailing Address 559 E Kirby St

City

Detroit

State

MI

Zip Code

48202-4120

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 ▼

300.00

Date of Receipt

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

Transaction ID: C1276400

Amount of Each Receipt this Period

100.00

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

300.00

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

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

FOR LINE NUMBER: PAGE 87 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric T Handler

Mailing Address 14 Hearthstone Ter

City

Livingston

State

NJ

Zip Code

07039-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C1258137

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Eric T Handler

Mailing Address 14 Hearthstone Ter

City

Livingston

State

NJ

Zip Code

07039-1806

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C1283608

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jack Handley

Mailing Address 24110 85th Ave SE

City

Woodinville

State

WA

Zip Code

98072-9587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen Hospital Medical  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1191231

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 88 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jack Handley

Mailing Address 24110 85th Ave SE

City

Woodinville

State

WA

Zip Code

98072-9587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen Hospital Medical  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1239387

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Jack Handley

Mailing Address 24110 85th Ave SE

City

Woodinville

State

WA

Zip Code

98072-9587

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Evergreen Hospital Medical  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1260697

Amount of Each Receipt this Period

-200.00

**C.**

Full Name (Last, First, Middle Initial)

Allison Leigh Harvey

Mailing Address Five Medical Park Dr, EM Dept  
Palmetto Hlth Richland

City

Columbia

State

SC

Zip Code

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  
0 6 / 0 7 / 2 0 1 1

Transaction ID: C1303227

Amount of Each Receipt this Period

500.00

**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 89 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stanley E Heatwole

Mailing Address 304 College Cir

City

Staunton

State

VA

Zip Code

24401-2311

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Stonewall Jackson Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1273026

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher J J Heberer, MD, FACEP

Mailing Address 3429 Twin Oaks Ct

City

W Bloomfield

State

MI

Zip Code

48324-3250

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260654

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Carlton E Heine

Mailing Address 515 Whitecap Rd

City

Bellingham

State

WA

Zip Code

98229-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skagit Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1239985

Amount of Each Receipt this Period

250.00

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

1000.00

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

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

FOR LINE NUMBER: PAGE 90 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carlton E Heine

Mailing Address 515 Whitecap Rd

City

Bellingham

State

WA

Zip Code

98229-8911

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Skagit Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293275

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Marilyn Joan Heine

Mailing Address 900 Twining Rd

City

Dresher

State

PA

Zip Code

19025-1726

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Suburban Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1276404

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Orzie Henderson, Jr

Mailing Address 9610 York Woods Dr

City

Saline

State

MI

Zip Code

48176-9032

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: C1283542

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 91 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles W Henrichs, III

Mailing Address 800 N Justice St

Margaret R Pardee Meml Hosp

City

State

Zip Code

Hendersonville

NC

28791-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendersonville Emer Consu-  
ltant

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1239987

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Charles W Henrichs, III

Mailing Address 800 N Justice St

Margaret R Pardee Meml Hosp

City

State

Zip Code

Hendersonville

NC

28791-3410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hendersonville Emer Consu-  
ltant

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293278

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas M Hill

Mailing Address 9191 Grant St

N Suburban Med Ctr

City

State

Zip Code

Thornton

CO

80229-4361

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
N Suburban Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293283

Amount of Each Receipt this Period

1000.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 92 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Timothy J Hill

Mailing Address 2200 NE 96th St

City

Oklahoma City

State

OK

Zip Code

73131-3504

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1253708

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jon Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MD ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293317

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Jon Mark Hirshon

Mailing Address 1062 River Bay Rd

City

Annapolis

State

MD

Zip Code

21409-4830

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MD ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311588

Amount of Each Receipt this Period

250.00

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

750.00

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

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

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

FOR LINE NUMBER: PAGE 93 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Hobbs, MD, FACEP

Mailing Address 12717 Brewster Dr

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 ▼

416.69

Date of Receipt

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

Transaction ID: C1191275

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Larry Hobbs, MD, FACEP

Mailing Address 12717 Brewster Dr

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 ▼

416.69

Date of Receipt

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

Transaction ID: C1239981

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Larry Hobbs, MD, FACEP

Mailing Address 12717 Brewster Dr

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 ▼

416.69

Date of Receipt

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

Transaction ID: C1260475

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 94 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Larry Hobbs, MD, FACEP

Mailing Address 12717 Brewster Dr

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 ▼

416.69

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: C1293279

Amount of Each Receipt this Period

83.37

**B.**

Full Name (Last, First, Middle Initial)

Larry Hobbs, MD, FACEP

Mailing Address 12717 Brewster Dr

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 ▼

416.69

Date of Receipt

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

Transaction ID: C1303649

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Steven C Hodges

Mailing Address 2832 Cherokee Rd

City

Birmingham

State

AL

Zip Code

35223-2607

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Steven C Hodges

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1256755

Amount of Each Receipt this Period

250.00

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

416.70

**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 95 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kenneth L Holbert

Mailing Address 130 Laural Hill Dr

City

Smyrna

State

TN

Zip Code

37167-4907

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Horton Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1283529

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James Richard Holmberg

Mailing Address W310N4958 Old Steeple Rd

City

Hartland

State

WI

Zip Code

53029-8529

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Aurora Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1253719

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Paul Ronald Hope

Mailing Address 3199 Paper Mill Rd

City

Huntingdon Vy

State

PA

Zip Code

19006-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abington Mem Hosp 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  
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1269349

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 96 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Ronald Hope

Mailing Address 3199 Paper Mill Rd

City

Huntingdon Vv

State

PA

Zip Code

19006-3717

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abington Mem Hosp 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  
0 5 / 1 9 / 2 0 1 1

Transaction ID: C1292825

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Hans Roberts House

Mailing Address 200 Hawkins Dr  
Univ of IA Hosps & Clncs

City

Iowa City

State

IA

Zip Code

52242-1007

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 ▼

250.00

Date of Receipt

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

Transaction ID: C1239984

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Hans House

Mailing Address 1 Lake Pointe Rd

City

Iowa City

State

IA

Zip Code

52240

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1302901

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: PAGE 97 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239391

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Marc P Hyde

Mailing Address 1200 E 3900 S  
St Marks Hosp

City

Salt Lake Cty

State

UT

Zip Code

84124-1300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Marks Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1253702

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1191277

Amount of Each Receipt this Period

83.33

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

2083.33

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

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

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

FOR LINE NUMBER: PAGE 98 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1239989

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

249.99

Date of Receipt

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

Transaction ID: C1260496

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Frank Anthony Illuzzi

Mailing Address 102 Sasco Hill Rd

City

Fairfield

State

CT

Zip Code

06824-5645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Vincents Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1303453

Amount of Each Receipt this Period

250.00

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

416.66

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

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

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

FOR LINE NUMBER: PAGE 99 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William L Indruk

Mailing Address 134 Montclair Ave

City

Montclair

State

NJ

Zip Code

07042-4132

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 ▼

350.00

Date of Receipt

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

Transaction ID: C1251365

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

William L Indruk

Mailing Address 134 Montclair Ave

City

Montclair

State

NJ

Zip Code

07042-4132

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 8 / 2 0 1 1

Transaction ID: C1269048

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ronald Iverson

Mailing Address PO Box 805  
Emer Med Phys PC

City

Cheyenne

State

WY

Zip Code

82003-0805

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1273020

Amount of Each Receipt this Period

500.00

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

850.00

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

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

FOR LINE NUMBER: PAGE 100 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Peter J Jacoby

Mailing Address 167 Sprain Brook Rd

City

Woodbury

State

CT

Zip Code

06798-1914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Marys Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1294325

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Donald Nelson Janes, Jr

Mailing Address 48 Tyler Ct

City

Evington

State

VA

Zip Code

24550-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1269355

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Donald Nelson Janes, Jr

Mailing Address 48 Tyler Ct

City

Evington

State

VA

Zip Code

24550-3718

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Centra Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1283683

Amount of Each Receipt this Period

100.00

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

1300.00

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 101 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Chelvakumaran R Jayanathan

Mailing Address 1346 Forest Glen Ct

City

Toms River

State

NJ

Zip Code

08755-1386

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 2 / 1 7 / 2 0 1 1

Transaction ID: C1191188

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Neil R Joebchen

Mailing Address 3948 Skyline Rd

City

Carlsbad

State

CA

Zip Code

92008-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-City Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1251369

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Neil R Joebchen

Mailing Address 3948 Skyline Rd

City

Carlsbad

State

CA

Zip Code

92008-2745

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Tri-City Emer Med Grp

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1269049

Amount of Each Receipt this Period

100.00

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

800.00

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

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

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

FOR LINE NUMBER: PAGE 102 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Peter John

Mailing Address 2100 Dorchester Ave  
Caritas Carney Hosp Dept of EM

City State Zip Code  
Boston MA 02124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caritas Carney Hosp Dept  
of EM

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

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

Transaction ID: C1260457

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

David Peter John

Mailing Address 2100 Dorchester Ave  
Caritas Carney Hosp Dept of EM

City State Zip Code  
Boston MA 02124

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Caritas Carney Hosp Dept  
of EM

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311566

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Timothy James Johnson

Mailing Address 6609 Southdale Rd

City State Zip Code  
Minneapolis MN 55435-1650

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Phys PA

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1284775

Amount of Each Receipt this Period

300.00

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

900.00

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

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

FOR LINE NUMBER: PAGE 103 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jon James James Johnston

Mailing Address 912 Wall Ave

City

Pitcairn

State

PA

Zip Code

15140-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
12 Speight Rd

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	5		2	0	1	1

Transaction ID: C1276281

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jon James James Johnston

Mailing Address 912 Wall Ave

City

Pitcairn

State

PA

Zip Code

15140-1030

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
12 Speight Rd

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	7		2	0	1	1

Transaction ID: C1303695

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jonathan S Jones, MD

Mailing Address 2500 N State St  
Univ of MS Med Ctr, ED

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MS Med Ctr Phys

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	1

Transaction ID: C1293280

Amount of Each Receipt this Period

250.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 104 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Randy S Jotte

Mailing Address 120 Orchard Avenue

City

Webster Groves

State

MO

Zip Code

63119

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Washington University

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1288528

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley Judson, MD

Mailing Address 338 Robinson Rd

City

Boxborough

State

MA

Zip Code

01719-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Hosp Emer Phys PC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1294339

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Bradley Judson, MD

Mailing Address 338 Robinson Rd

City

Boxborough

State

MA

Zip Code

01719-1820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerson Hosp Emer Phys PC

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1293462

Amount of Each Receipt this Period

300.00

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

1500.00

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



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

FOR LINE NUMBER: PAGE 105 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1191279

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1239990

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1260494

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 106 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: C1272786

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293318

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311585

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 107 / 322

(check only one)

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

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Neeraja Kairam

Mailing Address 20 Club Dr

City

Summit

State

NJ

Zip Code

07901-3138

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medical Associa-  
tes

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	1

Transaction ID: C1276522

Amount of Each Receipt this Period

300.00

**B.**

Full Name (Last, First, Middle Initial)

Amit S Kalaria

Mailing Address 17804 Cricket Hill Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1269106

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Amit S Kalaria

Mailing Address 17804 Cricket Hill Drive

City

Germantown

State

MD

Zip Code

20874

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEP

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	4		2	0	1	1

Transaction ID: C1291759

Amount of Each Receipt this Period

1000.00

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

1400.00

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 108 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Achyut Kamat

Mailing Address 19 Everett Ave

City

Providence

State

RI

Zip Code

02906-3321

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ Emer Med Fndtn

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1269356

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Rodney C Kang

Mailing Address 2420 Sand Lake Rd

City

Longwood

State

FL

Zip Code

32779-5811

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293359

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

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

Transaction ID: C1191282

Amount of Each Receipt this Period

83.33

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

1333.33

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

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

FOR LINE NUMBER: PAGE 109 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

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

Transaction ID: C1239435

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

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

Transaction ID: C1256992

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

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

Transaction ID: C1260490

Amount of Each Receipt this Period

83.33

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

266.66

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

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

FOR LINE NUMBER: PAGE 110 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

Transaction ID: C1272788

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1293320

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: C1311582

Amount of Each Receipt this Period

83.33

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

249.99

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

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

FOR LINE NUMBER: PAGE 111 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1599.98

Date of Receipt

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

Transaction ID: C1318527

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph Jay Kaplan

Mailing Address PO Box 6394

City

Columbus

State

GA

Zip Code

31917-6394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joseph Jay Kaplan, MD, FA-  
CEP

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
0	3	/	0	1	/	2	0	1	1

Transaction ID: C1240399

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph Jay Kaplan

Mailing Address PO Box 6394

City

Columbus

State

GA

Zip Code

31917-6394

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Joseph Jay Kaplan, MD, FA-  
CEP

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
0	5	/	1	0	/	2	0	1	1

Transaction ID: C1288608

Amount of Each Receipt this Period

100.00

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

1350.00

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

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

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

FOR LINE NUMBER: PAGE 112 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kamil Karroum

Mailing Address 56 Moore Rd

City

Marlboro

State

NJ

Zip Code

07746-2103

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191189

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Bradley J Kaufman

Mailing Address 159 Stratford St. South

City

Roslyn Heights

State

NY

Zip Code

11577

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Shore-LIJ Medical  
Center

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 9 / 2 0 1 1

Transaction ID: C1301816

Amount of Each Receipt this Period

400.00

**C.**

Full Name (Last, First, Middle Initial)

Donald R Keir

Mailing Address 65 Highbridge Blvd

City

Medford

State

NJ

Zip Code

08055-3341

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Virtua Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1253718

Amount of Each Receipt this Period

250.00

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

1150.00

**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 113 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Anthony Kelly

Mailing Address 1 Pavilion Dr

City

Daniels

State

WV

Zip Code

25832-9705

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Raleigh Genl Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1291284

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 6 / 2 0 1 1

Transaction ID: C1285344

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Alan L Kenwood

Mailing Address Mendham Twp  
6 S Hill Ct

City

Morristown

State

NJ

Zip Code

7960

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: C1276294

Amount of Each Receipt this Period

100.00

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

1100.00

**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 114 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alan L Kenwood

Mailing Address Mendham Twp  
6 S Hill Ct

City State Zip Code  
Morristown NJ 7960

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 ▼

350.00

Date of Receipt

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

Transaction ID: C1270750

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Derik K King

Mailing Address 6 Clermont Ln

City State Zip Code  
Saint Louis MO 63124-1304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emerg Consultants Inc

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1191217

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Derik K King

Mailing Address 6 Clermont Ln

City State Zip Code  
Saint Louis MO 63124-1304

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emerg Consultants Inc

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1239326

Amount of Each Receipt this Period

500.00

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

1250.00

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

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

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

FOR LINE NUMBER: PAGE 115 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Derik K King

Mailing Address 6 Clermont Ln

City

Saint Louis

State

MO

Zip Code

63124-1304

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Consultants Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260678

Amount of Each Receipt this Period

-500.00

**B.**

Full Name (Last, First, Middle Initial)

Benjamin Kitagawa

Mailing Address 1626 Montview Blvd

City

Greeley

State

CO

Zip Code

80631-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Colorado Med Ctr

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  
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240410

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Benjamin Kitagawa

Mailing Address 1626 Montview Blvd

City

Greeley

State

CO

Zip Code

80631-5345

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
North Colorado Med Ctr

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  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318921

Amount of Each Receipt this Period

100.00

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

100.00

**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 116 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Daniel Kivela, MD, FACEP

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1294324

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ronald John Klebacher

Mailing Address 23 Saltspray Dr

City

Forked River

State

NJ

Zip Code

08731-4636

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191190

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

David N Klein

Mailing Address 11736 Gainsborough Rd

City

Potomac

State

MD

Zip Code

20854-3246

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	7	/	2	0	1	1

Transaction ID: C1289796

Amount of Each Receipt this Period

2000.00

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

3500.00

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 117 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Theodore I Kloth

Mailing Address 735 Snyder Ln

City

Walnut Creek

State

CA

Zip Code

94598-4410

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
John Muir Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1318521

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

heidi C knowles

Mailing Address 736 Southwood Drive

City

Athens

State

TX

Zip Code

75751

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
emergency service partners

Occupation

physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1295534

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 21 Lees Ave

City

Collingswood

State

NJ

Zip Code

08108-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1258990

Amount of Each Receipt this Period

100.00

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

2100.00

**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 118 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 21 Lees Ave

City

Collingswood

State

NJ

Zip Code

08108-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272731

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Scott Jason Korvek

Mailing Address 21 Lees Ave

City

Collingswood

State

NJ

Zip Code

08108-1925

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Allegheny Gen Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1292655

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph W Kosnik

Mailing Address 211 Osprey Ct

City

Huntertown

State

IN

Zip Code

46748-9294

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Joseph W Kosnik

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1240409

Amount of Each Receipt this Period

250.00

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

450.00

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

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

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

FOR LINE NUMBER: PAGE 119 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Theophile G Koury

Mailing Address 1033 McCauley Rd

City

Danville

State

CA

Zip Code

94526-1972

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer 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  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318514

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C1191286

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C1239436

Amount of Each Receipt this Period

83.33

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

1166.66

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

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

FOR LINE NUMBER: PAGE 120 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

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

Transaction ID: C1260489

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: C1272787

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293319

Amount of Each Receipt this Period

83.33

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

249.99

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



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

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

FOR LINE NUMBER: PAGE 121 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City

Brighton

State

MI

Zip Code

48116-7728

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of MI - Taubman Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311581

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Paul Andrew Kozak

Mailing Address 21925 N Calle Royale

City

Scottsdale

State

AZ

Zip Code

85255-5000

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mayo Clinic Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1241826

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Joel Kravitz

Mailing Address 20 Oxford Cir

City

Southampton

State

NJ

Zip Code

08088-3579

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191191

Amount of Each Receipt this Period

500.00

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

1583.33

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

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

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

FOR LINE NUMBER: PAGE 122 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Kraynock

Mailing Address 99 Route 37 W

City

Toms River

State

NJ

Zip Code

08755-6423

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1191192

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher L Krieg

Mailing Address 5500 Rock Valley Way

City

Louisville

State

KY

Zip Code

40241-1466

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norton Suburban Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1253714

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Mark S Kruger

Mailing Address PO Box 1209

City

Sanford

State

FL

Zip Code

32772-1209

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293337

Amount of Each Receipt this Period

1000.00

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

1750.00

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

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

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

FOR LINE NUMBER: PAGE 123 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gloria J Kuhn

Mailing Address 30062 White Hall Dr

City

Farmington Hills

State

MI

Zip Code

48331-1994

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1265989

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph LaMantia, MD, FACEP

Mailing Address 3 Faraway Rd

City

Armonk

State

NY

Zip Code

10504-1215

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 ▼

250.00

Date of Receipt

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

Transaction ID: C1177968

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Edward G Lane

Mailing Address 6031 N Camino Esquina

City

Tucson

State

AZ

Zip Code

85718-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1292868

Amount of Each Receipt this Period

100.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 124 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward G Lane

Mailing Address 6031 N Camino Esquina

City

Tucson

State

AZ

Zip Code

85718-3706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1303698

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Langsam

Mailing Address 405 Regency Ct

City

Hockessin

State

DE

Zip Code

19707-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Emer Svcs PA

Occupation

Emergency Physician

Receipt For: 2011

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1187754

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Langsam

Mailing Address 405 Regency Ct

City

Hockessin

State

DE

Zip Code

19707-2300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Emer Svcs PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1239404

Amount of Each Receipt this Period

150.00

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

450.00

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

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

FOR LINE NUMBER: PAGE 125 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: C1272550

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Linda L Lawrence

Mailing Address 7811 Hermosa HI

City

San Antonio

State

TX

Zip Code

78256-2455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
60 MDG/SGH

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	9	/	2	0	1	1

Transaction ID: C1286783

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ian Brett Leber

Mailing Address 31 Yearling Pl

City

Freehold

State

NJ

Zip Code

07728-9371

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bayshore Cmnty Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1191287

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

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

FOR LINE NUMBER: PAGE 126 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jarone Lee

Mailing Address 505 W 47th St

City

New York

State

NY

Zip Code

10036-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lukes Roosevelt Hosp  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1240312

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Jarone Lee

Mailing Address 505 W 47th St

City

New York

State

NY

Zip Code

10036-2448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lukes Roosevelt Hosp  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 9 / 2 0 1 1

Transaction ID: C1276427

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Edward Leigh

Mailing Address 3435 North Arabian Lane

City

Palmer

State

AK

Zip Code

99645

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alaska Emergency Medicine  
Associates

Occupation

Emergency Medicine Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 8 / 2 0 1 1

Transaction ID: C1267436

Amount of Each Receipt this Period

300.00

**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: PAGE 127 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Guy David Leveaux

Mailing Address RR 2 Box 297

City

Shinnston

State

WV

Zip Code

26431-9613

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Braxton Cty Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1260628

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Philip L Levin

Mailing Address 710 W Beach Blvd

City

Long Beach

State

MS

Zip Code

39560-5845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meml Hosp Gulfport

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C1287448

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Philip L Levin

Mailing Address 710 W Beach Blvd

City

Long Beach

State

MS

Zip Code

39560-5845

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meml Hosp Gulfport

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1284773

Amount of Each Receipt this Period

200.00

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

550.00

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

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

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

FOR LINE NUMBER: PAGE 128 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roger J Lewis

Mailing Address 1000 W Carson St

Harbor UCLA Med Ctr ED, D9

City

Torrance

State

CA

Zip Code

90502-2004

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Harbor UCLA Med Ctr ED,  
D9

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: C1293269

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher C Ligan

Mailing Address 627 Largovista Dr

City

Oakland

State

FL

Zip Code

34787-8977

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293348

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Margaret Loehr

Mailing Address 3321 Dehesa Rd

City

El Cajon

State

CA

Zip Code

92019-2880

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scripps Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1241820

Amount of Each Receipt this Period

1000.00

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

2250.00

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



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

FOR LINE NUMBER: PAGE 129 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jorge Lopez-Ferrer

Mailing Address 1476 Chippewa Ln

City

Geneva

State

FL

Zip Code

32732-9183

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
FL Emer Phys Kang & Assoc

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
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293350

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ralph K Losey

Mailing Address 6239 N Lundy Ave

City

Chicago

State

IL

Zip Code

60646-4009

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of IL at Chicago ED

Occupation

Emergency Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1191289

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Lozano, Jr

Mailing Address 4824 Longwater Way

City

Tampa

State

FL

Zip Code

33615-4216

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 ▼

1100.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1294337

Amount of Each Receipt this Period

1000.00

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

2250.00

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

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

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

FOR LINE NUMBER: PAGE 130 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Lozano, Jr

Mailing Address 4824 Longwater Way

City

Tampa

State

FL

Zip Code

33615-4216

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 ▼

1100.00

Date of Receipt

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

Transaction ID: C1303257

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas W Lukens

Mailing Address 15503 Clifton Blvd

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MetroHealth Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C1191233

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas W Lukens

Mailing Address 15503 Clifton Blvd

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MetroHealth Medical Center

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C1254235

Amount of Each Receipt this Period

250.00

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

850.00

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

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

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

FOR LINE NUMBER: PAGE 131 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas J Lydon

Mailing Address PO Box 51

City

Rye Beach

State

NH

Zip Code

03871-0051

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wentworth Douglass Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 7 / 2 0 1 1

Transaction ID: C1283696

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Nathan Raymond MacDonald, MD, FACEP

Mailing Address 17 Youle St

City

Melrose

State

MA

Zip Code

02176-2625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Merrimack Valley Emerg As-  
soc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 7 / 2 0 1 1

Transaction ID: C1273028

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Mark A Mahoney

Mailing Address PO Box 644

City

Mattapoisett

State

MA

Zip Code

02739-0644

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  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1265996

Amount of Each Receipt this Period

250.00

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

1500.00

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

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

FOR LINE NUMBER: PAGE 132 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Jo Malafa

Mailing Address 12001 Commerce Rd

City

Milford

State

MI

Zip Code

48380-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1191212

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mary Jo Malafa

Mailing Address 12001 Commerce Rd

City

Milford

State

MI

Zip Code

48380-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1239323

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mary Jo Malafa

Mailing Address 12001 Commerce Rd

City

Milford

State

MI

Zip Code

48380-1201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

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

Transaction ID: C1260674

Amount of Each Receipt this Period

-200.00

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

200.00

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 133 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert T Malinowski

Mailing Address 660 Norborne Ave

City

Dearborn Hts

State

MI

Zip Code

48127-3707

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1260445

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Gerard March

Mailing Address 10643 Arbour Dr

City

Brighton

State

MI

Zip Code

48114-9095

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Providence Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: C1270144

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Catherine Anna Marco

Mailing Address 7129 Jamesford Dr

City

Toledo

State

OH

Zip Code

43617-1370

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Toledo Med Ctr

Occupation

Emergency Physician

Receipt For: 2011

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1187760

Amount of Each Receipt this Period

1000.00

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

2300.00

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 134 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Mason

Mailing Address 4717 Anglia St

City

Manlius

State

NY

Zip Code

13104-9798

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
PEMA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	7	/	2	0	1	1

Transaction ID: C1318384

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1191291

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1239439

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 135 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

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 ▼

499.98

Date of Receipt

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

Transaction ID: C1260488

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272790

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293321

Amount of Each Receipt this Period

83.33

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

249.99

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

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

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

FOR LINE NUMBER: PAGE 136 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Eric E Maur

Mailing Address 241 Meixell Cir

City

Lewisburg

State

PA

Zip Code

17837-9259

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311583

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

450.00

Date of Receipt

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

Transaction ID: C1241821

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1321318

Amount of Each Receipt this Period

200.00

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

533.33

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



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

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

FOR LINE NUMBER: PAGE 137 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Elizabeth P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City

Edgewater

State

MD

Zip Code

21037-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anne Arundel Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1260461

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth P Maxwell-Schmidt

Mailing Address 3509 Marthas Vineyard Way

City

Edgewater

State

MD

Zip Code

21037-4700

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Anne Arundel Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311552

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

William Alan May

Mailing Address 515 Overlook Ter

City

Cumberland

State

MD

Zip Code

21502-1815

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Braddock Hosp WMHS

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: C1270153

Amount of Each Receipt this Period

250.00

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

750.00

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

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

FOR LINE NUMBER: PAGE 138 / 322

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher McArdle

Mailing Address 8020 Chapel Lake Drive

City	State	Zip Code
Midland	GA	31820

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Med Spec of ColumbusOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311633

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

C L McArthur, III, MD, M

Mailing Address 11 Cardiff

City	State	Zip Code
Laguna Niguel	CA	92677-2936

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Desert Regl Med CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1260466

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Joseph T McCaslin

Mailing Address 16402 Ridgmont St

City	State	Zip Code
Omaha	NE	68136-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meth HospOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1191224

Amount of Each Receipt this Period

500.00

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

1000.00

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

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 139 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joseph T McCaslin

Mailing Address 16402 Ridgemont St

City

Omaha

State

NE

Zip Code

68136-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meth Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239359

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Joseph T McCaslin

Mailing Address 16402 Ridgemont St

City

Omaha

State

NE

Zip Code

68136-4020

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meth Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1260685

Amount of Each Receipt this Period

-500.00

**C.**

Full Name (Last, First, Middle Initial)

Sarah McCullough

Mailing Address 3304 Winnipeg Dr

City

Bismarck

State

ND

Zip Code

58503-0455

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Alexius

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: C1312442

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

250.00

**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 140 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dennis Lucas 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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260455

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1303264

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christine C McKain

Mailing Address 261 Brookside Dr

City

Piketon

State

OH

Zip Code

45661-9079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pike Community 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  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1265998

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: PAGE 141 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christine C McKain

Mailing Address 261 Brookside Dr

City

Piketon

State

OH

Zip Code

45661-9079

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pike Community 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  
0 4 / 2 9 / 2 0 1 1

Transaction ID: C1283589

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John Gerard McManus, Jr

Mailing Address 726 Ridge Trce

City

San Antonio

State

TX

Zip Code

78258-6917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Brooke Army Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239438

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Richard S McMonigal

Mailing Address 3610 45th St NE

City

Tacoma

State

WA

Zip Code

98422-2293

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Auburn General Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257148

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 142 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Tamara McReynolds

Mailing Address 916 S Walnut St

City

Georgetown

State

TX

Zip Code

78626-6031

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept Of EM

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1260450

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ross Eric Megargel

Mailing Address 2611 Del Laws Rd

City

Bear

State

DE

Zip Code

19701-1706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Doctors Emer Svcs PA

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Transaction ID: C1257083

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

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

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: C1239437

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 143 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David 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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 7 / 2 0 1 1

Transaction ID: C1321321

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191293

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: C1191193

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

683.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239440

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260487

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272789

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 145 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293322

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311584

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Keith Messner

Mailing Address 3911 Southern Oaks Dr

City

Fayetteville

State

NC

Zip Code

28314-0998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Keith Messner

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  
0 4 / 1 2 / 2 0 1 1

Transaction ID: C1267975

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

416.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 146 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith Messner

Mailing Address 3911 Southern Oaks Dr

City

Fayetteville

State

NC

Zip Code

28314-0998

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Keith Messner

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
0	4		2	2		2	0	1	1

Transaction ID: C1283703

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1293272

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

David L Meyers

Mailing Address 2301 Ken Oak Rd

City

Baltimore

State

MD

Zip Code

21209-4421

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EmCare Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: C1311555

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional) .....

700.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anthony Joseph Midkiff

Mailing Address 1773 Hidden Oak Trl

City

Mansfield

State

OH

Zip Code

44906-3560

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mansfield Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253717

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

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

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1294327

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Laura R Millemon

Mailing Address 13475 N 74th St

City

Omaha

State

NE

Zip Code

68122-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy 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  
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257151

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 148 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Laura R Millemon

Mailing Address 13475 N 74th St

City

Omaha

State

NE

Zip Code

68122-1754

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mercy 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  
0 6 / 0 5 / 2 0 1 1

Transaction ID: C1303269

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260446

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Jacquelin M Miller

Mailing Address 1914 Wren Way

City

Dalton

State

GA

Zip Code

30720-4909

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
George Emer Care 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  
0 2 / 2 4 / 2 0 1 1

Transaction ID: C1240316

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 149 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark Anthony Mitchell

Mailing Address 1340 Lake Pointe Pkwy

City

Sugar Land

State

TX

Zip Code

77478-3996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Anthony Mitchell, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C1191226

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Anthony Mitchell

Mailing Address 1340 Lake Pointe Pkwy

City

Sugar Land

State

TX

Zip Code

77478-3996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Anthony Mitchell, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239366

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Mark Anthony Mitchell

Mailing Address 1340 Lake Pointe Pkwy

City

Sugar Land

State

TX

Zip Code

77478-3996

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mark Anthony Mitchell, DO

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1260689

Amount of Each Receipt this Period

-200.00

**SUBTOTAL** of Receipts This Page (optional) .....

200.00

**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 150 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 1 1

Transaction ID: C1191083

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1269340

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 4 / 2 0 1 1

Transaction ID: C1260662

Amount of Each Receipt this Period

200.00

**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: PAGE 151 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1283528

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas R Mitchell

Mailing Address 3370 Sweeney Hollow Rd

City

Franklin

State

TN

Zip Code

37064-9575

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Thomas R Mitchell

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293286

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

James C Mitchiner

Mailing Address 1265 Barrister Rd

City

Ann Arbor

State

MI

Zip Code

48105

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPMG, PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288209

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**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 152 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

George W Molzen

Mailing Address PO Box 3309

City

Naples

State

FL

Zip Code

34106-3309

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albuquerque Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1294335

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland  
Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	1

Transaction ID: C1260465

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland  
Hosp

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1293277

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin Monfette

Mailing Address 2954 Island Point Dr

City

Metamora

State

MI

Zip Code

48455-9625

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph Mercy Oakland  
Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311562

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

John C Moorhead

Mailing Address 4138 SW Hamilton Ter

City

Portland

State

OR

Zip Code

97239-4110

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Oregon Hlth Sci Univ CDW-  
EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1294326

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David L Morgan

Mailing Address 236 Lakeview Rd

City

Eddy

State

TX

Zip Code

76524-2518

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scott & White Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1284768

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2125.00

**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 154 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Bruce Moskow

Mailing Address 2201 Plumbrook Dr

City

Austin

State

TX

Zip Code

78746-6233

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Svc Prtnrs La Costa  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: C1288536

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gary Mouridy

Mailing Address 5 Smith Rd

City

Flemington

State

NJ

Zip Code

08822-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239441

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Gary Mouridy

Mailing Address 5 Smith Rd

City

Flemington

State

NJ

Zip Code

08822-7300

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293323

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 155 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Carla Elizabeth Murphy

Mailing Address 1196 Preserve Cir

City

Golden

State

CO

Zip Code

80401-7045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emer Svc Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260456

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Carla Elizabeth Murphy

Mailing Address 1196 Preserve Cir

City

Golden

State

CO

Zip Code

80401-7045

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Emer Svc Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311567

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Nazario

Mailing Address 7597 Saint Stephens Ct

City

Orlando

State

FL

Zip Code

32835-6526

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293352

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Susan Marie Nedza

Mailing Address 812 S Clay St

City

Hinsdale

State

IL

Zip Code

60521-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260464

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Susan Marie Nedza

Mailing Address 812 S Clay St

City

Hinsdale

State

IL

Zip Code

60521-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Amer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311559

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

David Bradford Nelson

Mailing Address 868 English Rd

City

Rockwall

State

TX

Zip Code

75032-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Paul ER Docs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: C1251384

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 157 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Bradford Nelson

Mailing Address 868 English Rd

City

Rockwall

State

TX

Zip Code

75032-2600

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Paul ER Docs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 9 / 2 0 1 1

Transaction ID: C1269120

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ira R Nemeth

Mailing Address 1408 Vermont St  
Unit A

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191300

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ira R Nemeth

Mailing Address 1408 Vermont St  
Unit A

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239444

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 158 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ira R Nemeth

Mailing Address 1408 Vermont St  
Unit ACity State Zip Code  
Houston TX 77006-1071FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Ira R NemethOccupation  
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
0	3	/	2	5	/	2	0	1	1

Transaction ID: C1260493

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Ira R Nemeth

Mailing Address 1408 Vermont St  
Unit ACity State Zip Code  
Houston TX 77006-1071FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Ira R NemethOccupation  
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
0	4	/	2	6	/	2	0	1	1

Transaction ID: C1272791

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Ira R Nemeth

Mailing Address 1408 Vermont St  
Unit ACity State Zip Code  
Houston TX 77006-1071FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Ira R NemethOccupation  
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
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293327

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ira R Nemeth

Mailing Address 1408 Vermont St  
Unit A

City State Zip Code  
Houston TX 77006-1071

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dr. Ira R Nemeth

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311576

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

John O Newcomb

Mailing Address 15643 Compass Dr

City State Zip Code  
Northport AL 35475-3923

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
First Care

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260449

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia Nichols

Mailing Address 911 Home Grove Dr

City State Zip Code  
Winter Garden FL 34787-6514

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293342

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**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 160 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: C1191295

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	1	1

Transaction ID: C1239442

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C1260486

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 161 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272792

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293326

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City

Angola

State

IN

Zip Code

46703-8195

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Pro Emer Phys Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311578

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Brian Nobie

Mailing Address 2107 Willow Lauren Ln

City

Windermere

State

FL

Zip Code

34786-6016

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293292

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Mark Notash

Mailing Address 88 Bush Street

City

San Jose

State

CA

Zip Code

95126

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of CA - Davis

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	7	/	2	0	1	1

Transaction ID: C1303276

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Ramon Nunez

Mailing Address 7926 Saint Giles Pl

City

Orlando

State

FL

Zip Code

32835-7909

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293358

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

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 163 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191301

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239445

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260491

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 164 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272793

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293325

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of VA Hlth Svc-Dept  
of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311579

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lisa Marie O'Grady

Mailing Address 1320 Webster St

City

Orlando

State

FL

Zip Code

32804-2855

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1293289

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For: 2011

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	5		2	0	1	1

Transaction ID: C1187773

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	1

Transaction ID: C1191297

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional) .....

1150.00

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 166 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239443

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260492

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272794

Amount of Each Receipt this Period

50.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**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 167 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293324

Amount of Each Receipt this Period

50.00

**B.**

Full Name (Last, First, Middle Initial)

Christopher Obetz

Mailing Address 4840 Garfield Ave

City

Minneapolis

State

MN

Zip Code

55419-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Abbott Northwestern Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311580

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Martin E Ogle

Mailing Address 24411 Health Center Dr  
CA Emer Phys

City

Laguna Hills

State

CA

Zip Code

92653-3698

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer 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  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318525

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**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 168 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Anna Olson

Mailing Address 1130 Carlson Drive

City

Colorado Springs

State

CO

Zip Code

80919

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
SCEMAOccupation  
EMP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Transaction ID: C1241615

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Margaret A Orcutt-Tuddenham

Mailing Address 8600 Willow Run Ct

City

Cincinnati

State

OH

Zip Code

45243-3448

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Margaret A Orcutt-Tud-  
denhamOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	5	/	2	0	1	1

Transaction ID: C1269422

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew D Otto

Mailing Address 612 S Baker St

City

Tacoma

State

WA

Zip Code

98402-2318

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wayne State Univ/Detroit  
RecOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: C1191223

Amount of Each Receipt this Period

200.00

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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 169 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew D Otto

Mailing Address 612 S Baker St

City

Tacoma

State

WA

Zip Code

98402-2318

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 ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	2		2	0	1	1

Transaction ID: C1239355

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew D Otto

Mailing Address 612 S Baker St

City

Tacoma

State

WA

Zip Code

98402-2318

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 ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	5		2	0	1	1

Transaction ID: C1260684

Amount of Each Receipt this Period

-200.00

**C.**

Full Name (Last, First, Middle Initial)

Ernest Page, II

Mailing Address 11030 Ullswater Ln

City

Windermere

State

FL

Zip Code

34786-5411

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Transaction ID: C1293349

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 170 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael J Pallaci

Mailing Address 8021 Chateau Ln

City

Westerville

State

OH

Zip Code

43082-8877

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Grant Riverside Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260558

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Ketan Pandya

Mailing Address 13049 Water Point Blvd

City

Windermere

State

FL

Zip Code

34786-5818

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293294

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Orlee Israeli Panitch

Mailing Address 11753 Gainsborough Rd

City

Potomac

State

MD

Zip Code

20854-3247

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Shady Grove Adventist Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289795

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

3250.00

**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 171 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bing S Pao

Mailing Address PO Box 5000  
Private Mail Box 205City State Zip Code  
Rcho Santa Fe CA 92067-5000FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Bing S PaoOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: C1318528

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Rebecca B Parker

Mailing Address 5880 Highland Ln

City State Zip Code  
Vlg Of Lakewd IL 60014-4808FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Rebecca B ParkerOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C1260454

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Rebecca B Parker

Mailing Address 5880 Highland Ln

City State Zip Code  
Vlg Of Lakewd IL 60014-4808FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Rebecca B ParkerOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311560

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 172 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kevin J Parkes

Mailing Address 11669 Bernardo Way

City

Grand Terrace

State

CA

Zip Code

92313-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Antonio Cmnty 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
0	3		1	7		2	0	1	1

Transaction ID: C1257144

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kevin J Parkes

Mailing Address 11669 Bernardo Way

City

Grand Terrace

State

CA

Zip Code

92313-4913

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
San Antonio Cmnty 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
0	6		2	9		2	0	1	1

Transaction ID: C1318301

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Michael A Parnell

Mailing Address 2840 Riverwalk PI

City

E Wenatchee

State

WA

Zip Code

98802-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wenatchee Emer Phys 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
0	3		1	7		2	0	1	1

Transaction ID: C1257133

Amount of Each Receipt this Period

150.00

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 173 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael A Parnell

Mailing Address 2840 Riverwalk Pl

City

E Wenatchee

State

WA

Zip Code

98802-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wenatchee Emer Phys 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
0	6	/	0	9	/	2	0	1	1

Transaction ID: C1303283

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Chirag G Patel

Mailing Address 12 Deerpath Dr

City

Farmingdale

State

NJ

Zip Code

07727-3777

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Transaction ID: C1191194

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Hetal Vipin Patel

Mailing Address 4 Brandy Ridge Rd

City

Sparta

State

NJ

Zip Code

07871-1781

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Morristown Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	8	/	2	0	1	1

Transaction ID: C1267373

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1100.00

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 174 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hosp Bangor, ME

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191323

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hosp Bangor, ME

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239448

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hosp Bangor, ME

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272795

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 175 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hosp Bangor, ME

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293328

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Charles F Pattavina, MD, FACEP

Mailing Address St Joseph Hosp  
360 Broadway

City State Zip Code  
Bangor ME 04401-3979

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Joseph Hosp Bangor, ME

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311577

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Christine Mae Patton

Mailing Address 1104 Stockton Rdg

City State Zip Code  
Cranberry Twp PA 16066-2263

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Weirton Medical Center

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1303281

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 176 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Drew J Paulson

Mailing Address 1961 S 38th Dr

City

Yuma

State

AZ

Zip Code

85364-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Emer Phys

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  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239314

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Drew J Paulson

Mailing Address 1961 S 38th Dr

City

Yuma

State

AZ

Zip Code

85364-4916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Southwest Emer Phys

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  
0 6 / 1 0 / 2 0 1 1

Transaction ID: C1303282

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Lee E Payne

Mailing Address 4199 Douglass Way

City

Usaf Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191318

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

683.33

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lee E Payne

Mailing Address 4199 Douglass Way

City

Usaf Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239446

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Lee E Payne

Mailing Address 4199 Douglass Way

City

Usaf Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260484

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Lee E Payne

Mailing Address 4199 Douglass Way

City

Usaf Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293329

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 178 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lee E Payne

Mailing Address 4199 Douglass Way

City

Usaf Academy

State

CO

Zip Code

80840-1099

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HQ Air Force Space Command

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311575

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Claire Pearson, MD, MPH

Mailing Address 22214 Cleveland St

City

Dearborn

State

MI

Zip Code

48124-3426

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 7 / 2 0 1 1

Transaction ID: C1293268

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Daniel Eugene Peckenpaugh

Mailing Address 4107 Wood Creek Ct

City

Colleyville

State

TX

Zip Code

76034-4101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
HEB Emergicare PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 1 / 2 0 1 1

Transaction ID: C1276297

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2083.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 179 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathan Phillip Peimann

Mailing Address PO Box 20150

City

Juneau

State

AK

Zip Code

99802-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bartlett Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: C1257084

Amount of Each Receipt this Period

525.00

**B.**

Full Name (Last, First, Middle Initial)

Nathan Phillip Peimann

Mailing Address PO Box 20150

City

Juneau

State

AK

Zip Code

99802-0150

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Bartlett Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1030.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 2 3 / 2 0 1 1

Transaction ID: C1318303

Amount of Each Receipt this Period

505.00

**C.**

Full Name (Last, First, Middle Initial)

Vanessa C Peluso

Mailing Address 1768 Elizabeths Walk

City

Winter Park

State

FL

Zip Code

32789-5948

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293347

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2030.00

**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 180 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Alberto Perez, MD, FACEP

Mailing Address 59 Windswept Way

City

Coventry

State

CT

Zip Code

06238-3622

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1294336

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ari M Perkins, MD

Mailing Address 31 Mayhew Ave

City

Larchmont

State

NY

Zip Code

10538

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Norwalk Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: C1271913

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Pflieger, MD, FACEP

Mailing Address 10101 N 124th St

City

Scottsdale

State

AZ

Zip Code

85259-5210

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 5 / 2 0 1 1

Transaction ID: C1272563

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 181 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Edward Adam Pillar

Mailing Address 35605 Abelia St

City

Murrieta

State

CA

Zip Code

92562-4462

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318515

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David J Pillow, Jr

Mailing Address 5332 Wateka Dr

City

Dallas

State

TX

Zip Code

75209-5512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Paul Univ Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240411

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

George Podgorny

Mailing Address 2115 Georgia Ave

City

Winston Salem

State

NC

Zip Code

27104-1917

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Moses H Cone Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 0 7 / 2 0 1 1

Transaction ID: C1177969

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

2500.00

**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 182 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

W Randall Poole

Mailing Address 1110 SW Ivanhoe Blvd

City

Orlando

State

FL

Zip Code

32804-6370

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293336

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191305

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239447

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

1166.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260483

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 8 / 2 0 1 1

Transaction ID: C1278351

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293330

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 184 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311596

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Sanjay K Premakumar, MD

Mailing Address 1103 9th St

City

Durham

State

NC

Zip Code

27705-3501

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 5 / 2 0 1 1

Transaction ID: C1188689

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sanjay K Premakumar, MD

Mailing Address 1103 9th St

City

Durham

State

NC

Zip Code

27705-3501

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 1

Transaction ID: C1254266

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

283.33

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 185 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sanjay K Premakumar, MD

Mailing Address 1103 9th St

City

Durham

State

NC

Zip Code

27705-3501

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	9		2	0	1	1

Transaction ID: C1284794

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Sanjay K Premakumar, MD

Mailing Address 1103 9th St

City

Durham

State

NC

Zip Code

27705-3501

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	2		2	0	1	1

Transaction ID: C1288566

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sanjay K Premakumar, MD

Mailing Address 1103 9th St

City

Durham

State

NC

Zip Code

27705-3501

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	3		2	0	1	1

Transaction ID: C1320165

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John Hannon Proctor

Mailing Address 5004 Bentgrass Court

City

Franklin

State

TN

Zip Code

37069

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Team Health

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 1

Transaction ID: C1251357

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Josh W Quaas

Mailing Address 99 State St

City

Brooklyn

State

NY

Zip Code

11201-5533

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Lukes Roosevelt Hosp  
Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240408

Amount of Each Receipt this Period

300.00

**C.**

Full Name (Last, First, Middle Initial)

Karen Agape Quaday

Mailing Address 640 Jackson St  
Regions Hosp ED

City

Saint Paul

State

MN

Zip Code

55101-2502

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Regions Hosp ED

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1265993

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1550.00

**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 187 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Justin Racht

Mailing Address 609 W Sound Ave

City

Spokane

State

WA

Zip Code

99204-3732

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239410

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Justin Racht

Mailing Address 609 W Sound Ave

City

Spokane

State

WA

Zip Code

99204-3732

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 ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 1

Transaction ID: C1288129

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

W Ravindran

Mailing Address 1012 Sheila Dr

City

Toms River

State

NJ

Zip Code

08753-3522

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: C1191195

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 188 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dale J Ray

Mailing Address 2167 Hunters Run NE

City

Ada

State

MI

Zip Code

49301-9566

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Spectrum Hlth Downtown Ca-  
mpus

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260525

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Gonzalo Reyes

Mailing Address 250 Treeline Park

City

San Antonio

State

TX

Zip Code

78209-7406

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C1191229

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Gonzalo Reyes

Mailing Address 250 Treeline Park

City

San Antonio

State

TX

Zip Code

78209-7406

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239379

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gonzalo Reyes

Mailing Address 250 Treeline Park

City

San Antonio

State

TX

Zip Code

78209-7406

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1260693

Amount of Each Receipt this Period

-500.00

**B.**

Full Name (Last, First, Middle Initial)

Cheryl S Reynolds

Mailing Address 996 Oakpoint Cir

City

Apopka

State

FL

Zip Code

32712-3706

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293360

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

James M Rhorer

Mailing Address 601 University Walk

City

Baton Rouge

State

LA

Zip Code

70802-5362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Our Lady Lake Regl 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  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239315

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 190 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

James M Rhorer

Mailing Address 601 University Walk

City

Baton Rouge

State

LA

Zip Code

70802-5362

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Our Lady Lake Regl 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  
0 3 / 1 5 / 2 0 1 1

Transaction ID: C1269128

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Matthew M Rice

Mailing Address 8320 Goodman Dr NW

City

Gig Harbor

State

WA

Zip Code

98332-9564

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Team Health

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1269352

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Erin E Rinto

Mailing Address 4730 Abnaki Trl

City

Lima

State

OH

Zip Code

45805-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Ritas Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240379

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 191 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Erin E Rinto

Mailing Address 4730 Abnaki Trl

City

Lima

State

OH

Zip Code

45805-4701

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Ritas Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1285274

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Jaime B Rivas

Mailing Address 2408 Oak Canyon Pl

City

Escondido

State

CA

Zip Code

92025-6743

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Jaime B Rivas

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318516

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Allen L Roberts

Mailing Address 9125 Benview Ct

City

Fort Worth

State

TX

Zip Code

76126-4305

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMC Ltd

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 5 / 2 0 1 1

Transaction ID: C1288132

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**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 192 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Richard Dean Robinson

Mailing Address 3913 Regency Dr

City

Deer Park

State

TX

Zip Code

77536-6190

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of TX at 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  
0 6 / 0 6 / 2 0 1 1

Transaction ID: C1303293

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ross B Rodgers, MD

Mailing Address 9208 E Desert Park Dr

City

Scottsdale

State

AZ

Zip Code

85255-6215

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260477

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Claudette Rodriguez

Mailing Address 519 W 6th St

City

Tempe

State

AZ

Zip Code

85281-2862

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Claudette Rodriguez

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1265997

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 193 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Maritza Rodriguez

Mailing Address 2336 Kettle Dr

City

Orlando

State

FL

Zip Code

32835-8129

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293341

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Brian G Rogers

Mailing Address 21993 Deer Park Dr

City

Chugiak

State

AK

Zip Code

99567-5326

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Brian G Rogers

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257134

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 1 0 / 2 0 1 1

Transaction ID: C1177921

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

1583.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 194 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John 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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 6 / 2 0 1 1

Transaction ID: C1257019

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 7 / 2 0 1 1

Transaction ID: C1257020

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 8 / 2 0 1 1

Transaction ID: C1276468

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John 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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 8 / 2 0 1 1

Transaction ID: C1291329

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 3 / 2 0 1 1

Transaction ID: C1303298

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Scott Rohrbach

Mailing Address 10339 NW Engleman St

City

Portland

State

OR

Zip Code

97229-8475

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Portland Adventist Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: C1240319

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

416.66

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 196 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Adil M Roomi

Mailing Address 108 Preamble Dr

City

Marlton

State

NJ

Zip Code

08053-5353

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: C1191196

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Atilio R Roscher

Mailing Address 3813 Country Club Rd

City

Easton

State

PA

Zip Code

18045-2914

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Hillcrest Emer Serv

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1265995

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Keith J Rosing

Mailing Address 25 Shade Tree

City

Irvine

State

CA

Zip Code

92603-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rosing Emerg Med Grp Inc

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  
0 1 / 1 3 / 2 0 1 1

Transaction ID: C1191082

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 197 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Keith J Rosing

Mailing Address 25 Shade Tree

City

Irvine

State

CA

Zip Code

92603-0130

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Rosing Emerg Med Grp Inc

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
0	2		1	9		2	0	1	1

Transaction ID: C1256831

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

David William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	1

Transaction ID: C1260478

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

David William Ross

Mailing Address 15340 Raton Rd

City

Colorado Spgs

State

CO

Zip Code

80921-2140

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Front EM Specialties Inc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: C1311558

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: PAGE 198 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Michael Roth

Mailing Address 9503 Ashford PI

City

Brentwood

State

TN

Zip Code

37027-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 1 / 2 0 1 1

Transaction ID: C1269302

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Robert Michael Roth

Mailing Address 9503 Ashford PI

City

Brentwood

State

TN

Zip Code

37027-8720

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Cumberland Emer Phys PC

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: C1276303

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Sean Churchill Rowland

Mailing Address 178 Adelphia Rd

City

Farmingdale

State

NJ

Zip Code

07727-3523

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 1 1

Transaction ID: C1191197

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 199 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Max H Rudicel

Mailing Address 6839 W Isanogel Rd

City

Muncie

State

IN

Zip Code

47304-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Phys of Delaware Co

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257157

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Max H Rudicel

Mailing Address 6839 W Isanogel Rd

City

Muncie

State

IN

Zip Code

47304-9312

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Phys of Delaware Co

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 5 / 2 0 1 1

Transaction ID: C1292782

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Patricia A Ryan

Mailing Address 7040 E Soyoluna Pl

City

Tucson

State

AZ

Zip Code

85715-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Tucson Emerg Phy

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  
0 3 / 1 0 / 2 0 1 1

Transaction ID: C1251364

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

800.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 200 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Patricia A Ryan

Mailing Address 7040 E Soyaluna Pl

City

Tucson

State

AZ

Zip Code

85715-3342

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northwest Tucson Emerg Phy

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
0	5	/	0	2	/	2	0	1	1

Transaction ID: C1283779

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Sama, MD, FACEP

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 ▼

268.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	2	4	/	2	0	1	1

Transaction ID: C1178318

Amount of Each Receipt this Period

84.00

**C.**

Full Name (Last, First, Middle Initial)

Andrew Sama, MD, FACEP

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 ▼

268.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: C1239112

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional) .....

268.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew Sama, MD, FACEP

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 ▼

268.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1294322

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Marc Santambrosio

Mailing Address 7965 S Park Pl

City

Orlando

State

FL

Zip Code

32819-4885

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293353

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

David D Sarkarati

Mailing Address 415 E Pine St

City

Orlando

State

FL

Zip Code

32801-6623

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293345

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**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 202 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas L Schaar, MD

Mailing Address 1318 Gasparilla Dr

City

Fort Myers

State

FL

Zip Code

33901-7712

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 ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 2 / 2 0 1 1

Transaction ID: C1269350

Amount of Each Receipt this Period

400.00

**B.**

Full Name (Last, First, Middle Initial)

Dean E Schanen

Mailing Address 41 Tiburon Dr

City

The Hills

State

TX

Zip Code

78738-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Dean E Schanen

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  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1266003

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Dean E Schanen

Mailing Address 41 Tiburon Dr

City

The Hills

State

TX

Zip Code

78738-1558

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Dean E Schanen

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  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1318410

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 203 / 322

(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gillian Schmitz

Mailing Address 714 Carpenter Rd

City

Alexandria

State

VA

Zip Code

22314-6226

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Wilford Hall Emer Dept 59-  
MDW

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240412

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sandra M Schneider

Mailing Address 601 Elmwood Ave

City

Rochester

State

NY

Zip Code

14642-0001

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Rochester Schl of  
Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 7 / 2 0 1 1

Transaction ID: C1303309

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Keith T Schwager

Mailing Address 2024 Cherrydale Ave

City

Baton Rouge

State

LA

Zip Code

70808-2817

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Natchez After Hours Clinic

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  
0 3 / 0 1 / 2 0 1 1

Transaction ID: C1240413

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional) .....

3500.00

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 204 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Regan Andre Schwartz

Mailing Address 2446 Westminster Ter

City

Oviedo

State

FL

Zip Code

32765-7503

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293346

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

James Schweigert

Mailing Address 4388 Winterwood Shrs

City

Whitehall

State

MI

Zip Code

49461-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
emergency care specialists

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: C1251397

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

James Schweigert

Mailing Address 4388 Winterwood Shrs

City

Whitehall

State

MI

Zip Code

49461-9320

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
emergency care specialists

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 6 / 2 0 1 1

Transaction ID: C1307472

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1300.00

**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 205 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

David Charles Seaberg

Mailing Address 960 E 3rd St

Univ TN Colg of Med-Deans Ofc

City

Chattanooga

State

TN

Zip Code

37403-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ TN Colg of Med-Deans  
Ofc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 4 / 2 0 1 1

Transaction ID: C1253585

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

David Charles Seaberg

Mailing Address 960 E 3rd St

Univ TN Colg of Med-Deans Ofc

City

Chattanooga

State

TN

Zip Code

37403-2133

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ TN Colg of Med-Deans  
Ofc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 1 4 / 2 0 1 1

Transaction ID: C1303097

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Wade N Sears

Mailing Address 8670 W Cheyenne Ave Ste 120

Fremont Emer Svcs

City

Las Vegas

State

NV

Zip Code

89108

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Fremont Emergency Services

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  
0 4 / 1 7 / 2 0 1 1

Transaction ID: C1276476

Amount of Each Receipt this Period

100.00

**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: PAGE 206 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Wade N Sears

Mailing Address 8670 W Cheyenne Ave Ste 120  
Fremont Emer SvcsCity State Zip Code  
Las Vegas NV 89108FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Fremont Emergency ServicesOccupation  
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
0	4	/	2	2	/	2	0	1	1

Transaction ID: C1272805

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Gregory L Shangold, MD, FACEP

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs Manfld CT 06268-2756FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NE Emer Med SpecOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: C1191331

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Gregory L Shangold, MD, FACEP

Mailing Address 66 Beacon Hill Dr

City State Zip Code  
Storrs Manfld CT 06268-2756FEC ID number of contributing  
federal political committee.**C**Name of Employer  
NE Emer Med SpecOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: C1239451

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

1166.66

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory L Shangold, MD, FACEP

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260479

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Gregory L Shangold, MD, FACEP

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272796

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Gregory L Shangold, MD, FACEP

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 ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293333

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

249.99

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 208 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gregory L Shangold, MD, FACEP

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 ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311574

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Karen M Sharrar

Mailing Address 2142 Mount Vernon St

City

Philadelphia

State

PA

Zip Code

19130-3134

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Karen M Sharrar

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

Transaction ID: C1256775

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Karen M Sharrar

Mailing Address 2142 Mount Vernon St

City

Philadelphia

State

PA

Zip Code

19130-3134

FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Dr. Karen M Sharrar

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	2	/	2	0	1	1

Transaction ID: C1288602

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

383.33

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 209 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

William K Sheffield

Mailing Address 5922 S 1000 E

City

Ogden

State

UT

Zip Code

84405-7200

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EPIC LLC

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	8	/	2	0	1	1

Transaction ID: C1260447

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Stacy A Shundry

Mailing Address 1820 Mount Vernon Blvd NW

City

Canton

State

OH

Zip Code

44709-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summa Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	1	1

Transaction ID: C1191220

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Stacy A Shundry

Mailing Address 1820 Mount Vernon Blvd NW

City

Canton

State

OH

Zip Code

44709-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summa Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: C1239328

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

900.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stacy A Shundry

Mailing Address 1820 Mount Vernon Blvd NW

City

Canton

State

OH

Zip Code

44709-2831

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Summa Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1260681

Amount of Each Receipt this Period

-200.00

**B.**

Full Name (Last, First, Middle Initial)

Stanley F Siefer

Mailing Address 1540 Madison St

City

Denver

State

CO

Zip Code

80206-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian St Lukes Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C1191214

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Stanley F Siefer

Mailing Address 1540 Madison St

City

Denver

State

CO

Zip Code

80206-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian St Lukes Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239324

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

0.00

**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 211 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Stanley F Siefer

Mailing Address 1540 Madison St

City

Denver

State

CO

Zip Code

80206-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian St Lukes Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1260675

Amount of Each Receipt this Period

-100.00

**B.**

Full Name (Last, First, Middle Initial)

Stanley F Siefer

Mailing Address 1540 Madison St

City

Denver

State

CO

Zip Code

80206-1822

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Presbyterian St Lukes Med  
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 4 / 2 0 1 1

Transaction ID: C1276283

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Weylin Sing

Mailing Address 11347 Ledgement Ln

City

Windermere

State

FL

Zip Code

34786-6413

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293344

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 212 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Siva Sivanesan

Mailing Address 765 Bear Creek Cir

City

Winter Spgs

State

FL

Zip Code

32708-3892

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 ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293288

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David P Sklar

Mailing Address 25 Cedar Hill Pl NE

City

Albuquerque

State

NM

Zip Code

87122-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dept Emerg Med MSC08 4770

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	1

Transaction ID: C1256762

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Roman Edward Skylar

Mailing Address 15290 SW 37th St

City

Davie

State

FL

Zip Code

33331-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westside Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	4	/	2	0	1	1

Transaction ID: C1240305

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional) .....

2200.00

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 213 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Roman Edward Skylar

Mailing Address 15290 SW 37th St

City

Davie

State

FL

Zip Code

33331-2744

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Westside Reg Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	7	/	2	0	1	1

Transaction ID: C1288140

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Todd Slesinger, MD, FACEP

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	3	1	/	2	0	1	1

Transaction ID: C1191328

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Slesinger, MD, FACEP

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: C1239449

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

300.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 214 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Todd Slesinger, MD, FACEP

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260482

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Todd Slesinger, MD, FACEP

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272798

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Todd Slesinger, MD, FACEP

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1293331

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

300.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 215 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Todd Slesinger, MD, FACEP

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311572

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

James L Smith, Jr

Mailing Address 3278 Whidby Rd

City

Buford

State

GA

Zip Code

30518-1450

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. James L Smith, Jr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 1

Transaction ID: C1284772

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Aaron M Snyder

Mailing Address 9800 Bald Cypress Dr

City

Rockville

State

MD

Zip Code

20850-3494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Montgomery Emerg Physicia-  
ns

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289791

Amount of Each Receipt this Period

2000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2350.00

**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 216 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191337

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272799

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191329

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

583.33

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 217 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	5	/	2	0	1	1

Transaction ID: C1239450

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C1260480

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: C1272797

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 218 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293332

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

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 ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311573

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Steve R Souter

Mailing Address 10255 Loridan Ln

City

Sandy

State

UT

Zip Code

84092-4494

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Steve R Souter

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	4	/	2	0	1	1

Transaction ID: C1241847

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

666.66

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark J Spiro

Mailing Address 832 Marisa Ln

City

Encinitas

State

CA

Zip Code

92024-6647

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CA Emer 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  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318520

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

David G Srou

Mailing Address 10303 Coniston Ct

City

Potomac

State

MD

Zip Code

20854-1900

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Medical Edge PSR

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 1

Transaction ID: C1289790

Amount of Each Receipt this Period

2000.00

**C.**

Full Name (Last, First, Middle Initial)

Steven Joseph Stack

Mailing Address 2083 Bridgeport Dr

City

Lexington

State

KY

Zip Code

40502-2615

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
St Joseph East Hosp ED Med  
Dir

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 0 / 2 0 1 1

Transaction ID: C1251358

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

4000.00

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 220 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary C Starr

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	1	1

Transaction ID: C1276484

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Gary C Starr

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293274

Amount of Each Receipt this Period

75.00

**C.**

Full Name (Last, First, Middle Initial)

Gary C Starr

Mailing Address 5012 Russell Ave S

City

Minneapolis

State

MN

Zip Code

55410-2209

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	8	/	2	0	1	1

Transaction ID: C1311556

Amount of Each Receipt this Period

75.00

SUBTOTAL of Receipts This Page (optional) .....

250.00

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 221 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Christopher C Steffy, MD

Mailing Address 1328 Sunset Dr

City

Fort Wayne

State

IN

Zip Code

46807-2952

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 ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	1

Transaction ID: C1272561

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	1

Transaction ID: C1260460

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: C1311554

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

750.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Joel A Stettner

Mailing Address 5877 Estates Dr

City

Piedmont

State

CA

Zip Code

94611-3138

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318517

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Lawrence M Stock

Mailing Address 20540 Pacific Coast Hwy

City

Malibu

State

CA

Zip Code

90265-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Antelope Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260534

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Lawrence M Stock

Mailing Address 20540 Pacific Coast Hwy

City

Malibu

State

CA

Zip Code

90265-5402

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Antelope Valley Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 9 / 2 0 1 1

Transaction ID: C1312441

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2200.00

**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 223 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew A Stupple

Mailing Address 18 Lasher Rd

City

Woodstock

State

NY

Zip Code

12498-1106

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
0	5	/	2	0	/	2	0	1	1

Transaction ID: C1291338

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Thomas Jerome Sugarman

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	1	1

Transaction ID: C1307476

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Thomas Jerome Sugarman

Mailing Address 1563 Solano Ave

City

Berkeley

State

CA

Zip Code

94707-2116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sutter Delta Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: C1318529

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 224 / 322  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Robert Eduard Suter

Mailing Address PO Box 670785

City

Dallas

State

TX

Zip Code

75367-0785

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
UT Southwestern

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293284

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Sara F Sutherland

Mailing Address 515 Foxdale Ln

City

Charlottesville

State

VA

Zip Code

22903-9201

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Sara F Sutherland, MD, FA-  
CEP

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	2	/	2	0	1	1

Transaction ID: C1239400

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Douglas N Tannas

Mailing Address 6339 Red Fox Rd

City

Pendleton

State

IN

Zip Code

46064-8732

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
EMGI

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	0	/	2	0	1	1

Transaction ID: C1251363

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional) .....

2500.00

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 225 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Thomas Lukens Thomas Lukens

Mailing Address 15503 Clifton Blvd.

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
MetroHealth

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 1 / 2 0 1 1

Transaction ID: C1271990

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Jeffrey B Thompson

Mailing Address PO Box 12779

City

Beaumont

State

TX

Zip Code

77726-2779

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Meml Herman Baptist Beaumont

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Transaction ID: C1288657

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J Tocci

Mailing Address 136 Vista Ter

City

New Haven

State

CT

Zip Code

06515-2404

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CT Emer Med Spec

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 2 / 2 0 1 1

Transaction ID: C1272018

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 226 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Prentice A Tom

Mailing Address 226 Via La Posada

City

Los Gatos

State

CA

Zip Code

95032-1641

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Good Samaritan Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318522

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Carluis Torres

Mailing Address 152 Estancias Del Lago

City

Caguas

State

PR

Zip Code

00725-3364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mennonite Gen 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  
0 3 / 2 9 / 2 0 1 1

Transaction ID: C1260640

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Carluis Torres

Mailing Address 152 Estancias Del Lago

City

Caguas

State

PR

Zip Code

00725-3364

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mennonite Gen 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  
0 6 / 1 8 / 2 0 1 1

Transaction ID: C1307481

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1350.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 227 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dong Trieu Trang

Mailing Address 113 Centennial Dr

City

Peachtree Cty

State

GA

Zip Code

30269-1098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upson Regl Med Ctr ED

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  
0 3 / 1 7 / 2 0 1 1

Transaction ID: C1257156

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dong Trieu Trang

Mailing Address 113 Centennial Dr

City

Peachtree Cty

State

GA

Zip Code

30269-1098

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Upson Regl Med Ctr ED

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  
0 5 / 1 2 / 2 0 1 1

Transaction ID: C1288658

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Kim E Tranquada

Mailing Address 726 W Sand Rake Dr

City

Oro Valley

State

AZ

Zip Code

85755-6799

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: C1241834

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1100.00

**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 228 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Kim E Tranquada

Mailing Address 726 W Sand Rake Dr

City

Oro Valley

State

AZ

Zip Code

85755-6799

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 4 / 2 0 1 1

Transaction ID: C1318426

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Owen T Traynor

Mailing Address 1640 Farmington Court

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERMI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 1 1

Transaction ID: C1239162

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Owen T Traynor

Mailing Address 1640 Farmington Court

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ERMI

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: C1303522

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

450.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 229 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Borys Trochym

Mailing Address 220 Browns Dr

City

Easton

State

PA

Zip Code

18042-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medical Associa-  
tes

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  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239313

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Borys Trochym

Mailing Address 220 Browns Dr

City

Easton

State

PA

Zip Code

18042-9443

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emergency Medical Associa-  
tes

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  
0 5 / 2 7 / 2 0 1 1

Transaction ID: C1303526

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Jeremy David Tucker

Mailing Address 23959 Meredith Ct

City

Hollywood

State

MD

Zip Code

20636-2172

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Phys Staffing Solutions

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 3 / 2 0 1 1

Transaction ID: C1288546

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2100.00

**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 230 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

John A Tyrrell

Mailing Address 3 Cedar Tree Ln

City

Chester

State

NJ

Zip Code

07930-2218

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Overlook Emer Svcs Union  
Camp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1	/	1	0	/	2	0	1	1

Transaction ID: C1177944

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Vikram Varma

Mailing Address 10 Georjean Dr

City

Holmdel

State

NJ

Zip Code

07733-1604

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 ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	7	/	2	0	1	1

Transaction ID: C1191198

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Warren J Ventriglia

Mailing Address 304 S Broadway

City

Cape May

State

NJ

Zip Code

08204-5343

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Warren J Ventriglia, MD,  
FACEP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	6	/	2	0	1	1

Transaction ID: C1295229

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steve M Vets

Mailing Address 61 NJ Rt 24

City

Chester

State

NJ

Zip Code

7930

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 1 / 2 0 1 1

Transaction ID: C1256754

Amount of Each Receipt this Period

200.00

**B.**

Full Name (Last, First, Middle Initial)

Steve M Vets

Mailing Address 61 NJ Rt 24

City

Chester

State

NJ

Zip Code

7930

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 ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 2 6 / 2 0 1 1

Transaction ID: C1318428

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Barbara B Victor

Mailing Address 26231 Glen Canyon Dr

City

Laguna Hills

State

CA

Zip Code

92653-6327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Garden Grove 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  
0 6 / 1 4 / 2 0 1 1

Transaction ID: C1307485

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

400.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 232 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Barbara B Victor

Mailing Address 26231 Glen Canyon Dr

City

Laguna Hills

State

CA

Zip Code

92653-6327

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Garden Grove 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
0	6		3	0		2	0	1	1

Transaction ID: C1318518

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Robert V Violante

Mailing Address 1056 University Ave

City

Palo Alto

State

CA

Zip Code

94301-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Clara Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	5		2	0	1	1

Transaction ID: C1177948

Amount of Each Receipt this Period

125.00

**C.**

Full Name (Last, First, Middle Initial)

Robert V Violante

Mailing Address 1056 University Ave

City

Palo Alto

State

CA

Zip Code

94301-2236

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Santa Clara Valley Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	1	1

Transaction ID: C1267983

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional) .....

1225.00

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 233 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mary Jo Wagner

Mailing Address 5425 Nottingham Dr N

City

Saginaw

State

MI

Zip Code

48603-2821

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Synergy Med Educ Alliance

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260452

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew Louis Louis Walshak

Mailing Address 17 Gereg Glen Rd

City

Brookfield

State

CT

Zip Code

06804-1054

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Danbury Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: C1270751

Amount of Each Receipt this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

Neil Wang

Mailing Address 1407 Coventry Close St

City

East Lansing

State

MI

Zip Code

48823-2418

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Neil Wang

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1318906

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Cynthia Paige Waslewski, MD, FACEP

Mailing Address 9811 N 131st Pl

City

Scottsdale

State

AZ

Zip Code

85259-5324

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Scottsdale Emer Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260448

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Jerry O Waters

Mailing Address 717 W Pine Ave

City

El Segundo

State

CA

Zip Code

90245-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 8 / 2 0 1 1

Transaction ID: C1191222

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Jerry O Waters

Mailing Address 717 W Pine Ave

City

El Segundo

State

CA

Zip Code

90245-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 2 / 2 0 1 1

Transaction ID: C1239330

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1400.00

**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 235 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Jerry O Waters

Mailing Address 717 W Pine Ave

City

El Segundo

State

CA

Zip Code

90245-2930

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Community Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1260683

Amount of Each Receipt this Period

-200.00

**B.**

Full Name (Last, First, Middle Initial)

Nathan P Watkins

Mailing Address 8300 W 38th Ave  
Lutheran Med Ctr

City

Wheat Ridge

State

CO

Zip Code

80033-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239452

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Nathan P Watkins

Mailing Address 8300 W 38th Ave  
Lutheran Med Ctr

City

Wheat Ridge

State

CO

Zip Code

80033-6005

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lutheran Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C1257056

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

150.00

**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 236 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Nathan P Watkins

Mailing Address 8300 W 38th Ave  
Lutheran Med CtrCity State Zip Code  
Wheat Ridge CO 80033-6005FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Lutheran Med CtrOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293285

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Steven C Watsky

Mailing Address 2205 87th St NW

City State Zip Code  
Bradenton FL 34209-9430FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Manatee Memorial Hosp EDOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	9	/	2	0	1	1

Transaction ID: C1283538

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Matthew J Watson, MD, FACEP

Mailing Address 1280 Longpointe Pass

City State Zip Code  
Alpharetta GA 30005-2284FEC ID number of contributing  
federal political committee.**C**Name of Employer  
Northside Emer AssocOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C1260459

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

2250.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Matthew J Watson, MD, FACEP

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

M M / D D / Y Y Y Y  
0 6 / 2 8 / 2 0 1 1

Transaction ID: C1311553

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Kurt Weber

Mailing Address 1426 Belle Vista Dr

City

Orlando

State

FL

Zip Code

32809-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Kurt Weber

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  
0 3 / 0 4 / 2 0 1 1

Transaction ID: C1241842

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Kurt Weber

Mailing Address 1426 Belle Vista Dr

City

Orlando

State

FL

Zip Code

32809-3505

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. Kurt Weber

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  
0 4 / 1 9 / 2 0 1 1

Transaction ID: C1276508

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 238 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Ellis Weeker

Mailing Address 2105 S Bascom Ave  
CEP America Med Grp

City	State	Zip Code
Campbell	CA	95008-3278

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
CEP America Med GrpOccupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	1	1

Transaction ID: C1318524

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Richard P Wendell

Mailing Address 925 Royall Ave

City	State	Zip Code
Mt Pleasant	SC	29464-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palmetto Hlth Richland Me-  
mlOccupation  
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
0	3	/	3	1	/	2	0	1	1

Transaction ID: C1261961

Amount of Each Receipt this Period

200.00

**C.**

Full Name (Last, First, Middle Initial)

Richard P Wendell

Mailing Address 925 Royall Ave

City	State	Zip Code
Mt Pleasant	SC	29464-5037

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Palmetto Hlth Richland Me-  
mlOccupation  
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
0	4	/	1	8	/	2	0	1	1

Transaction ID: C1276509

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

1700.00

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 239 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Steven G Werdehoff

Mailing Address 1233 Deborah Dr

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntsville Hosp

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  
0 3 / 0 4 / 2 0 1 1

Transaction ID: C1241840

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Steven G Werdehoff

Mailing Address 1233 Deborah Dr

City

Huntsville

State

AL

Zip Code

35801

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Huntsville Hosp

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  
0 6 / 1 6 / 2 0 1 1

Transaction ID: C1307487

Amount of Each Receipt this Period

100.00

**C.**

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address ACEP  
2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr. Gordon Wheeler

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191335

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

683.33

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr. Gordon Wheeler

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239453

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Gordon Wheeler

Mailing Address ACEP

2121 K St NW Ste 325

City

Washington

State

DC

Zip Code

20037-1886

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr. Gordon Wheeler

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.99

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 5 / 2 0 1 1

Transaction ID: C1260473

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Dennis C Whitehead

Mailing Address 1721 S Stephenson Ave

Dickinson County Memorial Hosp

City

Iron Mountain

State

MI

Zip Code

49801-3637

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dickinson County Memorial  
Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y  
0 6 / 0 1 / 2 0 1 1

Transaction ID: C1303639

Amount of Each Receipt this Period

400.00

**SUBTOTAL** of Receipts This Page (optional) .....

566.66

**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 241 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael E Whiting

Mailing Address 1224 Camino De Cruz Blanca

City

Santa Fe

State

NM

Zip Code

87505-0380

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Northern New Mexico Emer-  
gency

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	3	/	2	0	1	1

Transaction ID: C1288540

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

David E Wilcox

Mailing Address 8 Aspen Dr

City

S Glastonbury

State

CT

Zip Code

06073-2938

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dr. David E Wilcox

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	0	/	2	0	1	1

Transaction ID: C1291337

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Jason Melvin Wilhelmsen

Mailing Address 15548 Moonstruck Dr

City

Caldwell

State

ID

Zip Code

83607-1471

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Holy Rosary Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	5	/	2	0	1	1

Transaction ID: C1272552

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional) .....

2000.00

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 242 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Dean Wilkerson

Mailing Address 538 Rolling Hills Rd

City

Coppell

State

TX

Zip Code

75019-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr. Dean Wilkerson

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 1 6 / 2 0 1 1

Transaction ID: C1257081

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Dean Wilkerson

Mailing Address 538 Rolling Hills Rd

City

Coppell

State

TX

Zip Code

75019-4049

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mr. Dean Wilkerson

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 6 / 2 0 1 1

Transaction ID: C1272800

Amount of Each Receipt this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Michael Joseph Willing

Mailing Address 589 Terrace Ave

City

Cincinnati

State

OH

Zip Code

45220-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Cincinnati Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 1 9 / 2 0 1 1

Transaction ID: C1270162

Amount of Each Receipt this Period

200.00

**SUBTOTAL** of Receipts This Page (optional) .....

1200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Michael Joseph Willing

Mailing Address 589 Terrace Ave

City

Cincinnati

State

OH

Zip Code

45220-1916

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Univ of Cincinnati Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 2 0 / 2 0 1 1

Transaction ID: C1276513

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Mildred J Willy, MD, FACEP

Mailing Address 5576 Hickory Lane

City

Bay City

State

MI

Zip Code

48706

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Timberline Emergency Phys-  
icians, PC

Occupation

emergency physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1259414

Amount of Each Receipt this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Neil E Winston

Mailing Address 1476 S Prairie Ave

City

Chicago

State

IL

Zip Code

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 2 8 / 2 0 1 1

Transaction ID: C1260443

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1275.00

**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 244 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Mark E Winther

Mailing Address 219 Bibik Rd

City

Richfld Spgs

State

NY

Zip Code

13439-4541

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Albany Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 0 4 / 2 0 1 1

Transaction ID: C1241838

Amount of Each Receipt this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Micah Wittler

Mailing Address 11600 Hunters Green Trl

City

Austin

State

TX

Zip Code

78732-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emerg Med Residency Div

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 4 / 0 5 / 2 0 1 1

Transaction ID: C1266012

Amount of Each Receipt this Period

250.00

**C.**

Full Name (Last, First, Middle Initial)

Michael J Zappa

Mailing Address 2290 Seven Oaks Ln

City

West Palm Bch

State

FL

Zip Code

33410-2006

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Emer Phys Enterprise

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 0 / 2 0 1 1

Transaction ID: C1291339

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional) .....

2250.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 245 / 322

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Gary David Zimmer

Mailing Address 1201 Langhorne Newtown Rd  
St Marys Med Ctr

City State Zip Code  
Langhorne PA 19047-1233

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
St Marys Med Ctr

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 2 6 / 2 0 1 1

Transaction ID: C1303532

Amount of Each Receipt this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Partners

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1191336

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City State Zip Code  
Minneapolis MN 55410-2117

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Health Partners

Occupation  
Emergency Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 1 1

Transaction ID: C1239454

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

666.66

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	5	/	2	0	1	1

Transaction ID: C1260474

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	6	/	2	0	1	1

Transaction ID: C1272801

Amount of Each Receipt this Period

83.33

**C.**

Full Name (Last, First, Middle Initial)

Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	6	/	2	0	1	1

Transaction ID: C1293334

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

249.99

TOTAL This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 247 / 322

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Andrew R Zinkel

Mailing Address 5215 Beard Ave S

City

Minneapolis

State

MN

Zip Code

55410-2117

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Health Partners

Occupation

Emergency Physician

Receipt For:

☐
☐
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

499.98

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	1

Transaction ID: C1311571

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional) .....

83.33

TOTAL This Period (last page this line number only) .....

271004.27

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 248 / 322

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y  
0 1 / 3 1 / 2 0 1 1

Transaction ID: C1326612

Amount of Each Receipt this Period

5.66

**B.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 8 / 2 0 1 1

Transaction ID: C1326613

Amount of Each Receipt this Period

2.47

**C.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y  
0 3 / 3 1 / 2 0 1 1

Transaction ID: C1326614

Amount of Each Receipt this Period

2.75

**SUBTOTAL** of Receipts This Page (optional) .....

10.88

**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 249 / 322

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 4 / 3 0 / 2 0 1 1

Transaction ID: C1326615

Amount of Each Receipt this Period

369.14

**B.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 5 / 3 1 / 2 0 1 1

Transaction ID: C1326616

Amount of Each Receipt this Period

3.60

**C.**

Full Name (Last, First, Middle Initial)

SMITH BARNEY

Mailing Address 1050 Connecticut Ave NW

City

Washington

State

DC

Zip Code

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 ▼

385.60

Date of Receipt

M M / D D / Y Y Y Y Y  
0 6 / 3 0 / 2 0 1 1

Transaction ID: C1326617

Amount of Each Receipt this Period

1.98

**SUBTOTAL** of Receipts This Page (optional) .....

374.72

**TOTAL** This Period (last page this line number only) .....

385.60

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 250 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

VIEW PAC

Mailing Address 701 8th Street, NW - #500

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Contributions for Federal PACS/Committees

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual contribution

Transaction ID: D115857

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

ALAMO PAC

Mailing Address c/o 1020 North Fairfax Street  
Suite 201

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: annual contribution

Transaction ID: D116286

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City Jenkintown State PA Zip Code 19046

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Allyson Y. Schwartz

Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: PA District: 13

Transaction ID: D115853

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 251 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Allyson Schwartz For Congress

Mailing Address P.O. Box 2232

City  
Jenkintown

State  
PA

Zip Code  
19046

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Rep. Allyson Y. Schwartz

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D117219

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Andy Harris For Congress

Mailing Address PO Box 1527

City  
Annapolis

State  
MD

Zip Code  
21404

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Mr. Andrew Harris

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: D117023

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Andy Harris For Congress

Mailing Address PO Box 1527

City  
Annapolis

State  
MD

Zip Code  
21404

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Mr. Andrew Harris

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MD District: 01

Transaction ID: D117569

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 252 / 322

<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

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Bass Victory Committee

Mailing Address PO Box 3451

City  
ConcordState  
NHZip Code  
03302Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Charles F. Bass011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NH District: 02

Transaction ID: D115647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Ben Cardin For Senate

Mailing Address 38 Ivy Street, SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Ben Cardin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District:

Transaction ID: D115404

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

Ben Cardin For Senate

Mailing Address 38 Ivy Street, SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Ben Cardin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: MD District:

Transaction ID: D117433

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 253 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Benishek for Congress

Mailing Address 802 Pentoga Trail

City State Zip Code  
Crystal Falls MI 49920

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 01

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D117006

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Bill Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd  
Suite 1001

City State Zip Code  
Baton Rouge LA 70809-2256

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Bill Cassidy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 06

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D116080

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Bill Cassidy for US Congress

Mailing Address 8550 United Plaza Blvd  
Suite 1001

City State Zip Code  
Baton Rouge LA 70809-2256

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Bill Cassidy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: LA District: 06

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D115643

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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 254 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Blue Dog Coalition	<b>Transaction ID:</b> D111265 <b>Date of Disbursement</b>																				
Mailing Address 236 Massachusetts Ave., NE Suite 603	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	6		2	0	1	1												
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal PACs/Committees	<table border="1"> <tr> <td colspan="10">5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>Category/ Type</td> </tr> </table>	Category/ Type																			
Category/ Type																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Annual contribution																				
<b>B.</b> Full Name (Last, First, Middle Initial) Bucshon for Congress	<b>Transaction ID:</b> D115429 <b>Date of Disbursement</b>																				
Mailing Address PO Box 250	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Newburgh State IN Zip Code 47629-0250	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Larry Buschon	<table border="1"> <tr> <td>011 Category/ Type</td> </tr> </table>	011 Category/ Type																			
011 Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Cantor For Congress	<b>Transaction ID:</b> D117198 <b>Date of Disbursement</b>																				
Mailing Address P. O. Box 17813	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
City Richmond State VA Zip Code 23226	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Eric I. Cantor	<table border="1"> <tr> <td>011 Category/ Type</td> </tr> </table>	011 Category/ Type																			
011 Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 255 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Charles A. Gonzalez Congressional Campaign

Mailing Address PO Box 12612

City State Zip Code  
San Antonio TX 78212

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Charles A. Gonzalez

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 20

Transaction ID: D117222

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2000.00

**B.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Charles Boustany

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D117597

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Charles Boustany Jr Md For Congress Inc

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Charles Boustany

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: LA District: 07

Transaction ID: D115859

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

2500.00

**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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 256 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Democratic Congressional Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D111234

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

15000.00

**B.** Full Name (Last, First, Middle Initial)  
Democratic Senatorial Campaign Committee

Mailing Address 430 S Capitol St SE

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D111233

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

15000.00

**C.** Full Name (Last, First, Middle Initial)  
Dennis Ross for Congress

Mailing Address P.O. Box 7310

City Lakeland State FL Zip Code 33807

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Dennis Ross

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 12

Transaction ID: D111153

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

31000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 257 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Dennis Ross for Congress	<b>Transaction ID:</b> D115644 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 7310	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Lakeland State FL Zip Code 33807	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Dennis Ross	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 12	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Diana DeGette For Congress Inc.	<b>Transaction ID:</b> D116270 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 61337	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	1	1												
City Denver State CO Zip Code 80206	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contribution for Federal Candidates	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Diana DeGette	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Diane Black for Congress	<b>Transaction ID:</b> D116261 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1437	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	7		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	7		2	0	1	1												
City Gallatin State TN Zip Code 37066-1437	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Diane Black	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 258 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Diane Black for Congress

Mailing Address PO Box 1437

City  
GallatinState  
TNZip Code  
37066-1437Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Diane Black011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: D115862

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

DIRIGO PAC

Mailing Address PO Box 1355

City  
AlexandriaState  
VAZip Code  
22313Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D116277

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

DOC PAC

Mailing Address 337 S. Milledge Avenue Ste. 101

City  
AthensState  
GAZip Code  
30605Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D117436

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 259 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Duncan for Congress

Mailing Address PO Box 732

City  
ClintonState  
SCZip Code  
29325Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 03

Transaction ID: D117427

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Enzi For Us Senate

Mailing Address PO Box 2775

City  
CodyState  
WYZip Code  
82414Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Sen. Michael B. Enzi

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 00

Transaction ID: D116078

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

ERIC PAC

Mailing Address 209 Pennsylvania Ave SE

City  
WashingtonState  
DCZip Code  
20003-1107Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D117596

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Amount of Each Disbursement this Period

2500.00

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 260 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Every Republican is Crucial PAC

Mailing Address 25 East Main Street Suite 200

City Richmond State VA Zip Code 23219

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 PAC to PAC contribut

State: District:

Transaction ID: D117426

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Fitzpatrick For Congress

Mailing Address 115 N Broad Street

City Doylestown State PA Zip Code 18901

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Michael Fitzpatrick011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 08

Transaction ID: D115417

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Fleming for Congress

Mailing Address PO Box 1236

City Minden State LA Zip Code 71058-1236

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D116648

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 261 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) FREEDOM PROJECT; THE	<b>Transaction ID:</b> D115420 <b>Date of Disbursement</b>
Mailing Address 104 Hume Ave	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </div>
City Alexandria State VA Zip Code 22301-1015	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal PACs/Committees	<div>5000.00</div>
Candidate Name	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Chris Murphy	<b>Transaction ID:</b> D111150 <b>Date of Disbursement</b>
Mailing Address P.O. Box 127	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div>
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates	<div>2500.00</div>
Candidate Name Chris Murphy	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Convention
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Chris Murphy	<b>Transaction ID:</b> D116639 <b>Date of Disbursement</b>
Mailing Address P.O. Box 127	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 1 1</div> </div>
City Cheshire State CT Zip Code 06410	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates	<div>1500.00</div>
Candidate Name Chris Murphy	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CT District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

9000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 262 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Friends of Chris Murphy

Mailing Address P.O. Box 127

City  
CheshireState  
CTZip Code  
06410Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Chris Murphy011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District:

Transaction ID: D115648

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Friends of Joe Heck

Mailing Address P.O. Box 750114

City  
Las VegasState  
NVZip Code  
89136Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Joe Heck011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: D115413

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Friends of Joe Heck

Mailing Address P.O. Box 750114

City  
Las VegasState  
NVZip Code  
89136Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Joe Heck011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 03

Transaction ID: D117201

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 263 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	<b>Transaction ID:</b> D115416 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 2 / 2 0 1 1</div> </div>
Mailing Address PO Box 775	
City Unionville State PA Zip Code 19375	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
Purpose of Disbursement Contributions for Federal Candidates	<div>011</div>
Candidate Name Rep. Joseph R. Pitts	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	<b>Transaction ID:</b> D111155 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div>
Mailing Address PO Box 775	
City Unionville State PA Zip Code 19375	<b>Amount of Each Disbursement this Period</b> <div>1000.00</div>
Purpose of Disbursement Contributions for Federal Candidates	<div>011</div>
Candidate Name Rep. Joseph R. Pitts	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	<b>Transaction ID:</b> D111259 <b>Date of Disbursement</b> <div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 6 / 2 0 1 1</div> </div>
Mailing Address PO Box 775	
City Unionville State PA Zip Code 19375	<b>Amount of Each Disbursement this Period</b> <div>2000.00</div>
Purpose of Disbursement Contributions for Federal Candidates	<div></div>
Candidate Name Rep. Joseph R. Pitts	Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 264 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Friends Of Joe Pitts	<b>Transaction ID:</b> D116646 <b>Date of Disbursement</b>																				
Mailing Address PO Box 775	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City Unionville State PA Zip Code 19375	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Joseph R. Pitts	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Nan Hayworth	<b>Transaction ID:</b> D115753 <b>Date of Disbursement</b>																				
Mailing Address 1006 Pendleton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	3		2	0	1	1												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Nan Hayworth	<b>Transaction ID:</b> D111226 <b>Date of Disbursement</b>																				
Mailing Address 1006 Pendleton Street	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**3500.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 265 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Friends of Scott DesJarlais

Mailing Address 3697 Main Street

City  
Jasper

State  
TN

Zip Code  
37347

Purpose of Disbursement  
Contributions for federal candidates

Candidate Name

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TN District: 04

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D117520

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Gillibrand for Senate

Mailing Address 236 Massachusetts Ave., NE  
Suite 110

City  
Washington

State  
DC

Zip Code  
20002

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

State: NY District: 00

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D117437

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Guthrie For Congress

Mailing Address PO Box 9639

City  
Bowling Green

State  
KY

Zip Code  
42102

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Steven Guthrie

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: KY District: 02

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D115402

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 266 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hatch Election Committee

Mailing Address PO Box 1480

City  
Washington

State  
DC

Zip Code  
20013-1480

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Sen. Orrin G. Hatch

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: D111151

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Hatch Election Committee

Mailing Address PO Box 1480

City  
Washington

State  
DC

Zip Code  
20013-1480

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Sen. Orrin G. Hatch

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: D117215

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

HOLDING ONTO OREGON'S PRIORITIES

Mailing Address PO Box 3314

City  
Portland

State  
OR

Zip Code  
97208

Purpose of Disbursement  
Contributions for Federal PACs/Committees

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D117217

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

7500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 267 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City State Zip Code  
Bowie MD 20716

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Steny H. Hoyer

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: MD District: 05

Transaction ID: D115421

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

IMPACT

Mailing Address 426 C Street, NE  
c/o Manjiri Mannino

City State Zip Code  
Washington DC 20002

Purpose of Disbursement  
Annual PAC to PAC contribution

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
State: District:

Transaction ID: D115642

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

John D. Dingell For Congress Committee

Mailing Address PO Box 75214

City State Zip Code  
Washington DC 20013

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John D. Dingell

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
State: MI District: 15

Transaction ID: D115759

Date of Disbursement

03 / 23 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 268 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
John D. Dingell For Congress Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John D. Dingell

Office Sought: ☒ House  
☐ Senate  
☐ President

State: MI District: 15

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D116263

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Karen Bass for Congress

Mailing Address c/o SG Consulting  
1280 Bison Avenue, Suite B9-585

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 33

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D115649

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Karen Bass for Congress

Mailing Address c/o SG Consulting  
1280 Bison Avenue, Suite B9-585

City Newport Beach State CA Zip Code 92660

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 33

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D117434

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 269 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kinzinger for Congress	<b>Transaction ID:</b> D111157 <b>Date of Disbursement</b>
Mailing Address 104 Hume Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 2 / 2 0 1 1</div> </div>
City Alexandria State VA Zip Code 22301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates	<div>1000.00</div>
Candidate Name	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	<b>Transaction ID:</b> D115639 <b>Date of Disbursement</b>
Mailing Address 205 N Main St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 1 6 / 2 0 1 1</div> </div>
City Oregon City State OR Zip Code 97045	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates	<div>1000.00</div>
Candidate Name Mr. Kurt Schrader	<div></div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) LANCE FOR CONGRESS	<b>Transaction ID:</b> D116279 <b>Date of Disbursement</b>
Mailing Address 370 Tall Tree Ct	<div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 7 / 2 0 1 1</div> </div>
City Jackson State NJ Zip Code 08527-3158	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contributions for Federal Candidates	<div>1000.00</div>
Candidate Name Leonard Lance	<div>011</div> <div>Category/Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 270 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Langevin For Congress

Mailing Address 181-A Knight St

City  
WarwickState  
RIZip Code  
02886Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. James Langevin011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: RI District: 02

Transaction ID: D115645

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**B.**

Full Name (Last, First, Middle Initial)

Latourette For Congress Committee

Mailing Address 320 Kenarden Dr.

City  
Highland Hts.State  
OHZip Code  
44143Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Steven C. LaTourette011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 14

Transaction ID: D116284

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

LEGPAC

Mailing Address 38 Ivy Street

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Contributions for Federal PACs/CommitteesCandidate Name  
Sen. Benjamin Cardin011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: MD District: 00

Annual Contribution

Transaction ID: D111266

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	1

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

12500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 271 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
LONE STAR LEADERSHIP PAC

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement  
Annual contribution PAC to PAC

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: D111228

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
LONE STAR LEADERSHIP PAC

Mailing Address 104 Hume Ave

City Alexandria State VA Zip Code 22301-1015

Purpose of Disbursement  
Contributions for Federal PAC/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼  
annual contribution

Transaction ID: D117429

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
LONGHORN PAC

Mailing Address 14 Hume Avenue

City Alexandria State VA Zip Code 22301

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

Transaction ID: D117194

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 272 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lynn Jenkins for Congress

Mailing Address 4011 SW 21st

City  
TopekaState  
KSZip Code  
66604Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D116265

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

MAJORITY COMMITTEE PAC--MC PAC

Mailing Address P.O. BOX 10134

City  
BAKERSFIELDState  
CAZip Code  
93389Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual Contribution

Transaction ID: D111229

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	1

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Manchin for West Virginia

Mailing Address 426 C Street, NE

City  
WashingtonState  
DCZip Code  
20002Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District:

Transaction ID: D115754

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 273 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Lincoln PAC

Mailing Address 3701 Connecticut Ave., NW - #404

City Washington State DC Zip Code 20008

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual Contribution

Transaction ID: D117003

Date of Disbursement

05 / 25 / 2011

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City ALBUQUERQUE State NM Zip Code 87106

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: NM District: 01

Transaction ID: D115411

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

McGoff For Congress

Mailing Address PO Box 44003

City Indianapolis State IN Zip Code 46244

Purpose of Disbursement  
Contributions for federal candidates

Candidate Name  
Mr. John McGoff

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼  
 State: IN District: 05

Transaction ID: D117521

Date of Disbursement

06 / 27 / 2011

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 274 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

McKinley for Congress

Mailing Address P.O. Box 6861

City  
Wheeling

State  
WV

Zip Code  
26003

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: D117570

Date of Disbursement

06 / 28 / 2011

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

McKinley for Congress

Mailing Address P.O. Box 6861

City  
Wheeling

State  
WV

Zip Code  
26003

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: WV District: 01

2010 General Debt

Transaction ID: D111156

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

McKinley for Congress

Mailing Address P.O. Box 6861

City  
Wheeling

State  
WV

Zip Code  
26003

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 01

Transaction ID: D115796

Date of Disbursement

03 / 24 / 2011

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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 275 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 26

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D111231

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Michael Burgess For Congress

Mailing Address PO Box 2334

City Denton State TX Zip Code 76202

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Michael C. Burgess, M.D.

Office Sought: ☒ House  
☐ Senate  
☐ President

State: TX District: 26

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** D117212

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
National Republican Congressional Committee

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

**Transaction ID:** D111232

Date of Disbursement

/   /

Amount of Each Disbursement this Period

15000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

18500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 276 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

National Republican Senatorial Committee

Mailing Address 425 2nd St NE

City  
Washington

State  
DC

Zip Code  
20002-4914

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D111154

Date of Disbursement

02 / 02 / 2011

Amount of Each Disbursement this Period

15000.00

**B.**

Full Name (Last, First, Middle Initial)

NELSON 2012

Mailing Address PO BOX 8666

City  
OMAHA

State  
NE

Zip Code  
68108

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. E. Nelson

011

Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 00

Transaction ID: D111267

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

NewDem PAC

Mailing Address 607 14th Street, NW  
Suite 800

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D115863

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

18500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 277 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>NEXT CENTURY FUND</b>	<b>Transaction ID:</b> D117189 <b>Date of Disbursement</b>
Mailing Address 116 S ROYAL STREET	<div> <div>06</div> <div>08</div> <div>2011</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	<div>1500.00</div> <div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Ohio's Future PAC</b>	<b>Transaction ID:</b> D116076 <b>Date of Disbursement</b>
Mailing Address 900 19th Street, NW	<div> <div>04</div> <div>13</div> <div>2011</div> </div>
City Washington State DC Zip Code 20006	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	<div>1500.00</div> <div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>Pat Meehan for Congress</b>	<b>Transaction ID:</b> D115640 <b>Date of Disbursement</b>
Mailing Address 5035 Township Line Rd	<div> <div>03</div> <div>16</div> <div>2011</div> </div>
City Drexel Hill State PA Zip Code 19026-4821	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Pat Meehan	<div>2500.00</div> <div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**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 278 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Paul Gosar for Congress

Mailing Address P.O. Box 368

City  
Falls ChurchState  
VAZip Code  
22040Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: AZ District: 01

Transaction ID: D111158

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

People for Enterprise/Trade/Econ Growth

Mailing Address 7804 Evening Lane

City  
AlexandriaState  
VAZip Code  
22306Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D117004

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	5	/	2	0	1	1

Amount of Each Disbursement this Period

5000.00

**C.**

Full Name (Last, First, Middle Initial)

Pete Stark Re-Election Committee

Mailing Address P.O. Box 8331

City  
FremontState  
CAZip Code  
94537Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Fortney Peter Stark

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 13

Transaction ID: D116644

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 279 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
PORT PAC - Promoting our Republican Team PAC

Mailing Address 900 19th Street, NW  
8th Floor

City Washington State DC Zip Code 20006

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: Annual contribution

Transaction ID: D117593

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District: annual contribution

Transaction ID: D117431

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PRESERVING AMERICA'S TRADITIONS (PATPAC)

Mailing Address 610 S. BOULEVARD

City TAMPA State FL Zip Code 33606

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
 Disbursement For: 2011 ☐ Primary ☐ General  
☒ Other (specify) ▼  
 State: District:

Transaction ID: D117022

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 280 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. PRESERVING AMERICA'S TRADITIONS (PATPAC)**

Full Name (Last, First, Middle Initial)

Mailing Address 610 S. BOULEVARD

City  
TAMPAState  
FLZip Code  
33606Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼  
annual contribution

State: District:

Transaction ID: D115407

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B. PASCRELL FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 640

City  
TotowaState  
NJZip Code  
07511Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Bill Pascrell, Jr.Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 08

Transaction ID: D115855

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	3	0	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C. BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 27

City  
HollidaysburgState  
PAZip Code  
16648Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Bill Shuster011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 09

Transaction ID: D117226

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 281 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) LATTA FOR CONGRESS	<b>Transaction ID:</b> D117224 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 106	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
City Bowling Green State OH Zip Code 43402	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Bob Latta	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS	<b>Transaction ID:</b> D117216 <b>Date of Disbursement</b>																				
Mailing Address 991C Lomas Santa Fe Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
City Solana Beach State CA Zip Code 92075	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. Brian P. Bilbray	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) BRIAN BILBRAY FOR CONGRESS	<b>Transaction ID:</b> D116642 <b>Date of Disbursement</b>																				
Mailing Address 991C Lomas Santa Fe Drive	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City Solana Beach State CA Zip Code 92075	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Brian P. Bilbray	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 50	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 282 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>DUTCH RUPPERSBERGER FOR CONGRESS</b>	<b>Transaction ID:</b> D115650 <b>Date of Disbursement</b>																				
Mailing Address 22 West Padonia Road Suite C-141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. C.A. Ruppensberger	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) <b>DUTCH RUPPERSBERGER FOR CONGRESS</b>	<b>Transaction ID:</b> D117221 <b>Date of Disbursement</b>																				
Mailing Address 22 West Padonia Road Suite C-141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
City Timonium State MD Zip Code 21093	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">3000.00</td> </tr> </table>	3000.00																			
3000.00																					
Candidate Name Rep. C.A. Ruppensberger	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CATHY MCMORRIS RODGERS FOR CONGRESS</b>	<b>Transaction ID:</b> D116073 <b>Date of Disbursement</b>																				
Mailing Address Box 137	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	3		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	3		2	0	1	1												
City Spokane State WA Zip Code 99210	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td colspan="10">2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. Cathy McMorris Rodgers	<table border="1"> <tr> <td>011</td> </tr> <tr> <td>Category/ Type</td> </tr> </table>	011	Category/ Type																		
011																					
Category/ Type																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: 05	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

7000.00

**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 283 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Charlie Dent011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: D116645

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
CHARLIE DENT FOR CONGRESS

Mailing Address PO Box 442

City Allentown State PA Zip Code 18105

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Charlie Dent011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 15

Transaction ID: D111149

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 0 2 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
GARDNER FOR CONGRESS

Mailing Address PO Box 2408

City Loveland State CO Zip Code 80539

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Cory Gardner011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 04

Transaction ID: D115410

Date of Disbursement

M M / D D / Y Y Y Y  
0 3 / 0 2 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 284 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

## **A.** Full Name (Last, First, Middle Initial) **DAVE CAMP FOR CONGRESS**

Mailing Address 5915 Eastman Avenue  
 Number 304

City Midland State MI Zip Code 48640

Purpose of Disbursement  
 Contributions for Federal Candidates

Candidate Name  
 Rep. Dave Camp

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D111269

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

## **B.** Full Name (Last, First, Middle Initial) **DAVE CAMP FOR CONGRESS**

Mailing Address 5915 Eastman Avenue  
 Number 304

City Midland State MI Zip Code 48640

Purpose of Disbursement  
 Contributions for Federal Candidates

Candidate Name  
 Rep. Dave Camp

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 04

Transaction ID: D115646

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

## **C.** Full Name (Last, First, Middle Initial) **FRIENDS OF DAVE REICHERT**

Mailing Address P. O. Box 53322

City Bellevue State WA Zip Code 98015

Purpose of Disbursement  
 Contributions for Federal Candidates

Candidate Name  
 Rep. Dave Reichert

011  
 Category/  
 Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: WA District: 08

Transaction ID: D111260

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 285 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO Box 531086

City  
HendersonState  
NVZip Code  
89053Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Dean Heller011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D111258

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	6		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

HELLER FOR CONGRESS

Mailing Address PO Box 531086

City  
HendersonState  
NVZip Code  
89053Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Dean Heller011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 02

Transaction ID: D115412

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Amount of Each Disbursement this Period

4000.00

**C.**

Full Name (Last, First, Middle Initial)

DEBBIE WASSERMAN SCHULTZ FOR CONGRESS

Mailing Address 1071 Twin Branch Ln

City  
WestonState  
FLZip Code  
33326Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Debbie Wasserman Schultz011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 20

Transaction ID: D116268

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 286 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**PERLMUTTER FOR CONGRESS**

Mailing Address 3440 Youngfield Street

City Wheat Ridge State CO Zip Code 80033

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Ed Perlmutter011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CO District: 07

Transaction ID: D117195

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Edward Whitfield011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: D117603

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
**WHITFIELD FOR CONGRESS COMMITTEE**

Mailing Address P.O. BOX 391

City HOPKINSVILLE State KY Zip Code 42241

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Edward Whitfield011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 01

Transaction ID: D117005

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

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 287 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) ENGEL FOR CONGRESS	<b>Transaction ID:</b> D115653 <b>Date of Disbursement</b>																				
Mailing Address 462 California Road	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	6		2	0	1	1												
City State Zip Code Bronxville NY 10708	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Eliot L. Engel	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	<b>Transaction ID:</b> D115426 <b>Date of Disbursement</b>																				
Mailing Address PO Box 3176	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City State Zip Code Long Branch NJ 07740	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Frank Pallone, Jr.	<table border="1"> <tr> <td></td> </tr> </table> Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) UPTON FOR ALL OF US	<b>Transaction ID:</b> D115864 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 490	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		3	0		2	0	1	1												
City State Zip Code St. Joseph MI 49085	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name Rep. Fred Upton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 288 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City  
St. JosephState  
MIZip Code  
49085Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Fred Upton011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 06

Transaction ID: D117595

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

GIFFORDS FOR CONGRESS

Mailing Address PO Box 12886

City  
TucsonState  
AZZip Code  
85732Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Gabrielle Giffords011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: D117021

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

GEOFF DAVIS FOR CONGRESS

Mailing Address PO BOX 17192

City  
FT MITCHELLState  
KYZip Code  
41017Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Geoff DavisCategory/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: KY District: 04

Transaction ID: D116285

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 289 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**HEATH SHULER FOR CONGRESS**

Mailing Address PO Box 8446

City Asheville State NC Zip Code 28814

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Heath Shuler011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 11

Transaction ID: D115752

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**JACKIE SPEIER FOR CONGRESS**

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Jackie Speier011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 12

Transaction ID: D117220

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
**FRIENDS OF JIM CLYBURN**

Mailing Address PO BOX 12567

City COLUMBIA State SC Zip Code 29211

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. James E. Clyburn011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: D115865

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 290 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JIM CLYBURN

Mailing Address PO BOX 12567

City  
COLUMBIA

State  
SC

Zip Code  
29211

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. James E. Clyburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 06

Transaction ID: D116081

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO Box 87  
Suite 700

City  
Uwchland

State  
PA

Zip Code  
19480

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jim Gerlach

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 06

Transaction ID: D115403

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048

City  
SALT LAKE CITY

State  
UT

Zip Code  
84152

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jim Matheson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: UT District: 02

Transaction ID: D117017

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional) .....

9000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 291 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road

City State Zip Code  
West Chester OH 45069

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John A. Boehner

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 08

Transaction ID: D117020

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

LARSON FOR CONGRESS

Mailing Address 330 Main Street  
430 South Capitol Street, SE

City State Zip Code  
Hartford CT 06106

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. John B. Larson

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 01

Transaction ID: D115858

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JON RUNYAN FOR CONGRESS, INC

Mailing Address 700 12th St NW  
Ste 700

City State Zip Code  
Washington DC 20005-4052

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Jon Runyan

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NJ District: 03

Transaction ID: D117018

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 292 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City  
Tampa

State  
FL

Zip Code  
33606

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Kathy Castor

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: D115651

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City  
Bakersfield

State  
CA

Zip Code  
93389

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Kevin McCarthy

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D115408

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

LEE TERRY FOR CONGRESS

Mailing Address PO Box 540098

City  
Omaha

State  
NE

Zip Code  
68154

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Lee Terry

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NE District: 02

Transaction ID: D115424

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

8500.00

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 293 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. COMMITTEE TO RE-ELECT LINDA SANCHEZ**

Full Name (Last, First, Middle Initial)

Mailing Address 1212 S. Victory Blvd

City  
BURBANKState  
CAZip Code  
91502Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Linda T. Sanchez011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 39

Transaction ID: D117430

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**B. FRIENDS OF LOIS CAPPs**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Lois Capps011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D117015

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1500.00

**C. FRIENDS OF LOIS CAPPs**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 23940

City  
Santa BarbaraState  
CAZip Code  
93121Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Lois Capps011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Transaction ID: D115866

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

4000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 294 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730

City  
Honeoye

State  
NY

Zip Code  
14471

Purpose of Disbursement  
Contributions for federal candidates

011

Category/  
Type

Candidate Name  
Rep. Louise M. Slaughter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: D115854

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

LOUISE SLAUGHTER RE-ELECTION COMMITTEE

Mailing Address P.O. Box 730

City  
Honeoye

State  
NY

Zip Code  
14471

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Rep. Louise M. Slaughter

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 28

Transaction ID: D117011

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

MARSHA BLACKBURN FOR CONGRESS INC.

Mailing Address PO Box 3750

City  
Brentwood

State  
TN

Zip Code  
37024

Purpose of Disbursement  
Contributions for Federal Candidates

011

Category/  
Type

Candidate Name  
Rep. Marsha Blackburn

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D115414

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

5000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 295 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
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 Blackburn

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 07

Transaction ID: D117019

Date of Disbursement

05 / 26 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Mary Bono Mack

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: D115635

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

**C.** Full Name (Last, First, Middle Initial)  
MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Mary Bono Mack

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 45

Transaction ID: D116075

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 296 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

## **A.** Full Name (Last, First, Middle Initial) **MIKE MCINTYRE FOR CONGRESS**

Mailing Address P.O. Box 1

City Lumberton State NC Zip Code 28359

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Mike McIntyre

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 07

Transaction ID: D115751

Date of Disbursement

03 / 23 / 2011

Amount of Each Disbursement this Period

2500.00

## **B.** Full Name (Last, First, Middle Initial) **MIKE THOMPSON FOR CONGRESS**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Mike Thompson

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D115431

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

5000.00

## **C.** Full Name (Last, First, Middle Initial) **PAUL BROWN COMMITTEE**

Mailing Address P.O. Box 1512

City Athens State GA Zip Code 30601

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Paul Brown

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 10

Transaction ID: D117209

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

8500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 297 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

## **A.** Full Name (Last, First, Middle Initial) **PETE SESSIONS FOR CONGRESS**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Pete Sessions

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TX District: 32

Transaction ID: D115409

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

## **B.** Full Name (Last, First, Middle Initial) **GINGREY FOR CONGRESS**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Phil Gingrey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D115428

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2000.00

## **C.** Full Name (Last, First, Middle Initial) **GINGREY FOR CONGRESS**

Mailing Address PO Box U

City Marietta State GA Zip Code 30060

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Phil Gingrey

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 11

Transaction ID: D117422

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**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 298 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. RENE E ELLMERS FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Renee Ellmers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: D116077

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B. RENE E ELLMERS FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Renee Ellmers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: D116267

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C. RENE E ELLMERS FOR CONGRESS COMMITTEE**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 904

City State Zip Code  
Dunn NC 28335Purpose of Disbursement  
Void CK#7724 4/13/11Candidate Name  
Rep. Renee Ellmers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 02

Transaction ID: D116289

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	8		2	0	1	1

Amount of Each Disbursement this Period

-1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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 299 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)  
RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 MAGNOLIA TERRACE

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Richard E. Neal011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D116638

Date of Disbursement

M M / D D / Y Y Y Y  
0 5 / 1 1 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
RICHARD E NEAL FOR CONGRESS COMMITTEE**

Mailing Address 76 MAGNOLIA TERRACE

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Richard E. Neal011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 02

Transaction ID: D116079

Date of Disbursement

M M / D D / Y Y Y Y  
0 4 / 1 3 / 2 0 1 1

Amount of Each Disbursement this Period

2500.00

**C. Full Name (Last, First, Middle Initial)  
BERG FOR CONGRESS**

Mailing Address PO BOX 9394

City FARGO State ND Zip Code 58106

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rick Berg011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: ND District: 00

Transaction ID: D111225

Date of Disbursement

M M / D D / Y Y Y Y  
0 2 / 1 0 / 2 0 1 1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) ►

6000.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 300 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. CITIZENS TO ELECT RICK LARSEN**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 326

City  
EverettState  
WAZip Code  
98206Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rick Larsen011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: D117223

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B. ROB WITTMAN FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 999

City  
MONTROSSState  
VAZip Code  
22520Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rob Wittman011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 01

Transaction ID: D117207

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C. FRIENDS OF ROSA DELAURO**

Full Name (Last, First, Middle Initial)

Mailing Address 12 TRUMBULL STREET

City  
NEW HAVENState  
CTZip Code  
06511Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rosa DeLauro011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D117208

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	8	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

3000.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 301 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City  
NEW HAVENState  
CTZip Code  
06511Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rosa DeLauro011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D115856

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	0		2	0	1	1

Amount of Each Disbursement this Period

1500.00

**B.**

Full Name (Last, First, Middle Initial)

FRIENDS OF ROSA DELAURO

Mailing Address 12 TRUMBULL STREET

City  
NEW HAVENState  
CTZip Code  
06511Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Rosa DeLauro011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CT District: 03

Transaction ID: D117002

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	5		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 Grand, Suite 2400

City  
Kansas CityState  
MOZip Code  
64108Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Sam Graves011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: D115415

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 302 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

GRAVES FOR CONGRESS

Mailing Address 2345 Grand, Suite 2400

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Sam Graves

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MO District: 06

Transaction ID: D117423

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

**B.**

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Shelley Berkley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D115423

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

BERKLEY FOR CONGRESS

Mailing Address 3069 Conquista Court

City Las Vegas State NV Zip Code 89121

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Shelley Berkley

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NV District: 01

Transaction ID: D115641

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

7500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 303 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
**SHELLEY MOORE CAPITO FOR CONGRESS**

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Shelley Moore Capito

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D111227

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
**SUE MYRICK FOR CONGRESS**

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Sue Myrick

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: D115860

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
**SUE MYRICK FOR CONGRESS**

Mailing Address P.O. Box 37091

City Charlotte State NC Zip Code 28237

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Sue Myrick

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: D117225

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 304 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City Farmingville State NY Zip Code 11738

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Timothy H. Bishop

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D117213

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
MARINO FOR CONGRESS

Mailing Address PO BOX 653

City WILLIAMSPORT State PA Zip Code 17703

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Tom Marino

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: D117432

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
PRICE FOR CONGRESS

Mailing Address P.O. Box 425

City Roswell State GA Zip Code 30077

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Tom Price

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: GA District: 06

Transaction ID: D115405

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 305 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Trey Gowdy

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 04

Transaction ID: D116074

Date of Disbursement

04 / 13 / 2011

Amount of Each Disbursement this Period

1000.00

**B.** Full Name (Last, First, Middle Initial)  
TREY GOWDY FOR CONGRESS

Mailing Address PO BOX 3324

City SPARTANBURG State SC Zip Code 29304

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Trey Gowdy

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: SC District: 04

Transaction ID: D115652

Date of Disbursement

03 / 16 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. Box 48928

City Sarasota State FL Zip Code 34230

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Rep. Vern Buchanan

011  
Category/  
Type

Office Sought: ☒ House ☐ Senate ☐ President  
Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 13

Transaction ID: D117425

Date of Disbursement

06 / 21 / 2011

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 306 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)  
WALLY HERGER FOR CONGRESS COMMITTEE**

Mailing Address PO Box 1007

City Willows State CA Zip Code 95988

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Wally Herger011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 02

Transaction ID: D117211

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**B. Full Name (Last, First, Middle Initial)  
BECERRA FOR CONGRESS**

Mailing Address P.O. Box 261060

City Los Angeles State CA Zip Code 90026

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Xavier Becerra011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 31

Transaction ID: D117013

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	6		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C. Full Name (Last, First, Middle Initial)  
Rogers For Congress**

Mailing Address PO Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Michael J. Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D116072

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	3		2	0	1	1

Amount of Each Disbursement this Period

2000.00

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 307 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581

City  
BrightonState  
MIZip Code  
48116Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Michael J. Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D111235

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	0		2	0	1	1

Amount of Each Disbursement this Period

2000.00

**B.**

Full Name (Last, First, Middle Initial)

Rogers For Congress

Mailing Address PO Box 581

City  
BrightonState  
MIZip Code  
48116Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Rep. Michael J. Rogers011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 08

Transaction ID: D115637

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**C.**

Full Name (Last, First, Middle Initial)

Roskam For Congress Committee

Mailing Address P. O. Box 713

City  
WheatonState  
ILZip Code  
60187Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Peter Roskam011  
Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: D115636

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	6		2	0	1	1

Amount of Each Disbursement this Period

2500.00

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 Page

FOR LINE NUMBER:  
(check only one)

PAGE 308 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Roskam For Congress Committee

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Peter Roskam

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 06

Transaction ID: D117594

Date of Disbursement

06 / 29 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
ROSKAM PAC

Mailing Address 1006 Pendleton Sreet

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D115419

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Sandy Adams for Congress

Mailing Address P. O. Box 1566

City Orlando State FL Zip Code 32802

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: D115861

Date of Disbursement

03 / 30 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 309 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

Sandy Adams for Congress

Mailing Address P. O. Box 1566

City  
OrlandoState  
FLZip Code  
32802Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 08

Transaction ID: D117592

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	1

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Schock For Congress

Mailing Address PO Box 10555

City  
PeoriaState  
ILZip Code  
61612Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Mr. Aaron Schock

010

Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: IL District: 18

Transaction ID: D115406

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	2		2	0	1	1

Amount of Each Disbursement this Period

2500.00

**C.**

Full Name (Last, First, Middle Initial)

Scott Brown for U.S. Senate Committee

Mailing Address 200 Reservoir St

City  
Needham HeightsState  
MAZip Code  
02494-3191Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name

011

Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MA District: 00

Transaction ID: D117435

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

4500.00

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 310 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. SEARCHLIGHT LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 426 C St NE

City  
WashingtonState  
DCZip Code  
20002-5839Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Annual contribution

Transaction ID: D116641

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	1	/	2	0	1	1

Amount of Each Disbursement this Period

3500.00

**B. SEARCHLIGHT LEADERSHIP FUND**

Full Name (Last, First, Middle Initial)

Mailing Address 426 C St NE

City  
WashingtonState  
DCZip Code  
20002-5839Purpose of Disbursement  
Contributions for Federal PACs/Committees

Candidate Name

011  
Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2011  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Transaction ID: D116280

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	7	/	2	0	1	1

Amount of Each Disbursement this Period

1500.00

**C. BOB CORKER FOR SENATE 2012**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 848

City  
CHATTANOOGAState  
TNZip Code  
37401Purpose of Disbursement  
Contributions for Federal CandidatesCandidate Name  
Sen. Bob Corker011  
Category/  
TypeOffice Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: D115430

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	0	2	/	2	0	1	1

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 311 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
BOB CORKER FOR SENATE 2012

Mailing Address PO BOX 848

City  
CHATTANOOGA

State  
TN

Zip Code  
37401

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Bob Corker

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: TN District: 00

Transaction ID: D117197

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1500.00

**B.** Full Name (Last, First, Middle Initial)  
FRIENDS OF JOHN BARRASSO

Mailing Address PO BOX 52008

City  
CASPER

State  
WY

Zip Code  
82605

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. John Barrasso

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WY District: 00

Transaction ID: D116640

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1500.00

**C.** Full Name (Last, First, Middle Initial)  
FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City  
HELENA

State  
MT

Zip Code  
59624

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Max Baucus

011  
Category/  
Type

Office Sought: ☐ House  
☒ Senate  
☐ President

Disbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: MT District: 00

Transaction ID: D117210

Date of Disbursement

06 / 08 / 2011

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

4000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 312 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
FRIENDS OF SHERROD BROWN

Mailing Address PO BOX 76187

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Sherrod Brown

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: OH District: 00

Transaction ID: D111268

Date of Disbursement

02 / 16 / 2011

Amount of Each Disbursement this Period

2500.00

**B.** Full Name (Last, First, Middle Initial)  
Snowe For Senate

Mailing Address P.O. Box 2006

City Portland State ME Zip Code 04104

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Olympia J. Snowe

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2012 ☒ Primary ☐ General  
☐ Other (specify) ▼

State: ME District: 00

Transaction ID: D116647

Date of Disbursement

05 / 11 / 2011

Amount of Each Disbursement this Period

1000.00

**C.** Full Name (Last, First, Middle Initial)  
Stabenow For Us Senate

Mailing Address PO Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Sen. Debbie Stabenow

011  
Category/  
Type

Office Sought: ☐ House ☒ Senate ☐ President  
 Disbursement For: 2012 ☐ Primary ☒ General  
☐ Other (specify) ▼

State: MI District: 00

Transaction ID: D111230

Date of Disbursement

02 / 10 / 2011

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

5000.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 313 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 217 3rd St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Steve Stivers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D115422

Date of Disbursement

03 / 02 / 2011

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 217 3rd St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Steve Stivers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D116264

Date of Disbursement

04 / 27 / 2011

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 217 3rd St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Steve Stivers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D115758

Date of Disbursement

03 / 23 / 2011

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 314 / 322

☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 217 3rd St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
VOID CK 7665 3/2/11

Candidate Name  
Mr. Steve Stivers

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D115792

Date of Disbursement

/   /

Amount of Each Disbursement this Period

-1000.00

VOID CK 7665 3/2/11

B.

Full Name (Last, First, Middle Initial)

Stivers For Congress

Mailing Address 217 3rd St SE

City  
Washington

State  
DC

Zip Code  
20003-1904

Purpose of Disbursement  
Contributions for Federal Candidates

Candidate Name  
Mr. Steve Stivers

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 15

Transaction ID: D117424

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Tiberi For Congress

Mailing Address 2021 E Dublin Granville Road  
Suite 2000

City  
Columbus

State  
OH

Zip Code  
43229

Purpose of Disbursement  
Contributions for Federal candidates

Candidate Name  
Rep. Patrick J. Tiberi

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: OH District: 12

Transaction ID: D117428

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

1000.00

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 315 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Tim Murphy For Congress			<b>Transaction ID:</b> D117218 Date of Disbursement																					
	Mailing Address PO Box 24551			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	6		0	8		2	0	1	1															
	City Pttsburgh State PA Zip Code 15234			Amount of Each Disbursement this Period																					
Purpose of Disbursement Contributions for Federal Candidates			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table>		0	1	1																		
0	1	1																							
Candidate Name Rep. Tim F. Murphy			Category/ 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: PA District: 18																									
<b>B.</b>	Full Name (Last, First, Middle Initial) Tim Murphy For Congress			<b>Transaction ID:</b> D115425 Date of Disbursement																					
	Mailing Address PO Box 24551			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	3		0	2		2	0	1	1															
	City Pttsburgh State PA Zip Code 15234			Amount of Each Disbursement this Period																					
Purpose of Disbursement Contributions for Federal Candidates			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table>		0	1	1																		
0	1	1																							
Candidate Name Rep. Tim F. Murphy			Category/ 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: PA District: 18																									
<b>C.</b>	Full Name (Last, First, Middle Initial) Tim Murphy For Congress			<b>Transaction ID:</b> D115638 Date of Disbursement																					
	Mailing Address PO Box 24551			<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y															
	0	3		1	6		2	0	1	1															
	City Pttsburgh State PA Zip Code 15234			Amount of Each Disbursement this Period																					
Purpose of Disbursement Contributions for Federal Candidates			<table border="1"> <tr> <td>0</td><td>1</td><td>1</td> </tr> </table>		0	1	1																		
0	1	1																							
Candidate Name Rep. Tim F. Murphy			Category/ 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: PA District: 18																									

**SUBTOTAL** of Disbursements This Page (optional) .....

3500.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 316 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) TRUST PAC	<b>Transaction ID:</b> D115418 <b>Date of Disbursement</b>																				
Mailing Address 104 Hume Avenue	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Alexandria State VA Zip Code 22301	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal PACs/Committees	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name Rep. Fred Upton	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) Tuesday Group PAC	<b>Transaction ID:</b> D111152 <b>Date of Disbursement</b>																				
Mailing Address c/o Goeas and Associates 1707 Prince Street, #5	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	2		2	0	1	1												
City Alexandria State VA Zip Code 22314	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal PACs/Committees	<table border="1"> <tr> <td>5000.00</td> </tr> </table>	5000.00																			
5000.00																					
Candidate Name	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
Annual contribution																					
<b>C.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus	<b>Transaction ID:</b> D111224 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5458	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	0		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	0		2	0	1	1												
City Springfield State IL Zip Code 62705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name Rep. John M. Shimkus	<table border="1"> <tr> <td>011</td> </tr> </table> Category/ Type	011																			
011																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional) .....

11500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 317 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Volunteers For Shimkus	<b>Transaction ID:</b> D115427 <b>Date of Disbursement</b>																				
Mailing Address PO Box 5458	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	2		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	2		2	0	1	1												
City Springfield State IL Zip Code 62705	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>2000.00</td> </tr> </table>	2000.00																			
2000.00																					
Candidate Name Rep. John M. Shimkus	Category/ Type																				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 19	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) WE THE PEOPLE PAC	<b>Transaction ID:</b> D116643 <b>Date of Disbursement</b>																				
Mailing Address P.O. Box 2232	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	5		1	1		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	5		1	1		2	0	1	1												
City Jenkintown State PA Zip Code 19046	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal PACs/Committees	<table border="1"> <tr> <td>2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Candidate Name	011 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Wicker for Senate	<b>Transaction ID:</b> D117214 <b>Date of Disbursement</b>																				
Mailing Address 20 F St NW Ste 500	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	8		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	8		2	0	1	1												
City Washington State DC Zip Code 20001-6703	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Contributions for Federal Candidates	<table border="1"> <tr> <td>1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name Rep. Roger F. Wicker	011 Category/ Type																				
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

5500.00

**TOTAL** This Period (last page this line number only) .....

426500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 318 / 322

<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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Irv E Edwards, MD, FACEP

Mailing Address 111 N Sepulveda Blvd  
Ste 210

City State Zip Code  
Manhattan Bch CA 90266-6849

Purpose of Disbursement  
Refund of 2010 over limit contribution

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D116755

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

2500.00

TOTAL This Period (last page this line number only) .....

2500.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 319 / 322

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) 3 Dog Consulting	<b>Transaction ID:</b> D115755 <b>Date of Disbursement</b>
Mailing Address 104 Hume Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 3 / 2 0 1 1</div> </div>
City Alexandria State VA Zip Code 22301	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Consultant	<div>200.00</div>
Candidate Name	<div>002</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Consultant payment
<b>B.</b> Full Name (Last, First, Middle Initial) CHASE BANK	<b>Transaction ID:</b> D116204 <b>Date of Disbursement</b>
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 8 / 2 0 1 1</div> </div>
City Irving State TX Zip Code 75062-8114	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Void CK 7675	<div>-245.00</div>
Candidate Name	<div></div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) CHASE BANK	<b>Transaction ID:</b> D115443 <b>Date of Disbursement</b>
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 0 7 / 2 0 1 1</div> </div>
City Irving State TX Zip Code 75062-8114	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Federal Taxes	<div>245.00</div>
Candidate Name	<div></div> Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

200.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 320 / 322

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) <b>CHASE BANK</b>	<b>Transaction ID:</b> D117660 <b>Date of Disbursement</b>
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 1 / 3 1 / 2 0 1 1</div> </div>
City Irving State TX Zip Code 75062-8114	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fees January 2011	<div>173.70</div>
Candidate Name	<div>Category/Type</div>
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) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) <b>CHASE BANK</b>	<b>Transaction ID:</b> D117661 <b>Date of Disbursement</b>
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 8 / 2 0 1 1</div> </div>
City Irving State TX Zip Code 75062-8114	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fees February 2011	<div>153.90</div>
Candidate Name	<div>Category/Type</div>
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) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) <b>CHASE BANK</b>	<b>Transaction ID:</b> D117662 <b>Date of Disbursement</b>
Mailing Address 545 E John Carpenter Fwy	<div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 3 1 / 2 0 1 1</div> </div>
City Irving State TX Zip Code 75062-8114	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Fees March 2011	<div>1420.42</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

1748.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 321 / 322

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement  
Bank Fees April 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D117663

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1479.54

**B.**

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement  
Bank Fees May 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D117664

Date of Disbursement

/   /

Amount of Each Disbursement this Period

675.22

**C.**

Full Name (Last, First, Middle Initial)

CHASE BANK

Mailing Address 545 E John Carpenter Fwy

City Irving State TX Zip Code 75062-8114

Purpose of Disbursement  
Bank Fees June 2011

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D117665

Date of Disbursement

/   /

Amount of Each Disbursement this Period

844.35

**SUBTOTAL** of Disbursements This Page (optional) .....

2999.11

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 322 / 322

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

US Treasury

Mailing Address 1125 Executive Circle

City  
Irving

State  
TX

Zip Code  
75038

Purpose of Disbursement  
Federal Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D115484

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	1

Amount of Each Disbursement this Period

245.00

SUBTOTAL of Disbursements This Page (optional) .....

245.00

TOTAL This Period (last page this line number only) .....

5192.13