

**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

07

01

2010

through

09

30

2010

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

Type or Print Name of Treasurer

Phyllis Edans, CPA, CAE

Signature of Treasurer

Electronically Filed by Phyllis Edans, CPA, CAE

Date

05

11

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)

A. Form/Schedule : **F3XA**

Transaction ID :

in response to letter from FEC dated April 29, 2011 Items 1 and 2 from letter - wrong beginning balances used on report causing totals to be incorrect. Item 3 from letter has to do with contributions recorded in pacbuilder incorrectly on original filing that were corrected and sent with 1st amended filing. Item 4 from letter due to incorrect coding which has now been corrected.

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	7	0	1	2	0	1	0

To:

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2010		815920.52
(b) Cash on Hand at Beginning of Reporting Period	808059.29	
(c) Total Receipts (from Line 19)	262198.53	728395.17
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1070257.82	1544315.69
7. Total Disbursements (from Line 31)	293022.42	767080.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	777235.40	777235.40
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Emergency Medicine Political Action Committee

Report Covering the Period:

From:

M M
0 7D D
0 1Y Y W Y
2 0 1 0

To:

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	153553.92	411986.96
(ii) Unitemized	108345.89	310653.84
(iii) TOTAL (add Lines 11(a)(i) and (ii)	261899.81	722640.80
(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)	261899.81	722640.80
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	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	298.72	754.37
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))	262198.53	728395.17
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	262198.53	728395.17

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.....	291000.00	760500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	2022.42	6580.29	
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))..	293022.42	767080.29	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	293022.42	767080.29	

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)	261899.81	722640.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	261899.81	722640.80
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 7 / 206

(check only one)

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

NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Dennis Michael Allin, MD, FACEP

Mailing Address 8522 Widmer Rd

City

Lenexa

State

KS

Zip Code

66215-5415

FEC ID number of contributing
federal political committee.

C

Name of Employer
Phys Svcs of KS Univ

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127843

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

E Jackson Allison, Jr

Mailing Address 4 Hickory Forest Rd

City

Asheville

State

NC

Zip Code

28805-1400

FEC ID number of contributing
federal political committee.

C

Name of Employer
E Jackson Allison Jr, MD,
FACEP(E)

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 7 / 2 6 / 2 0 1 0

Transaction ID: C958044

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Leonardo L Alonso

Mailing Address 831 Chicopit Ln

City

Jacksonville

State

FL

Zip Code

32225-4913

FEC ID number of contributing
federal political committee.

C

Name of Employer
SEC

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 7 / 3 0 / 2 0 1 0

Transaction ID: C961533

Amount of Each Receipt this Period

300.00

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 8 / 206

(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 H Andersen, MD, FACEP

Mailing Address 12202 E Shangri La Rd

City

Scottsdale

State

AZ

Zip Code

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 0

Transaction ID: C953517

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Stephen H Anderson

Mailing Address 29933 1st PI S

City

Federal Way

State

WA

Zip Code

98003-4305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Auburn 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1127979

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Paul Anthony Andrulonis

Mailing Address 1819 SE 17th St

City

Ft Lauderdale

State

FL

Zip Code

33316-3060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp of Miami EM
Dept

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 8 / 0 3 / 2 0 1 0

Transaction ID: C963737

Amount of Each Receipt this Period

100.00

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 9 / 206

(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 Anthony Andrulonis

Mailing Address 1819 SE 17th St

City

Ft Lauderdale

State

FL

Zip Code

33316-3060

FEC ID number of contributing
federal political committee.

C

Name of Employer
Baptist Hosp of Miami EM
Dept

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106108

Amount of Each Receipt this Period

900.00

B.

Full Name (Last, First, Middle Initial)

James V Antinori

Mailing Address 3060 Oak Rim Ln

City

Park City

State

UT

Zip Code

84060-6803

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1106182

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

David A Arai

Mailing Address 9 Harbour Town Ct

City

Frisco

State

TX

Zip Code

75034-6819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Innovative Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1105958

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2150.00

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 / 206

(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)

Brahim Ardolic

Mailing Address 475 Seaview Ave

Staten Island Univ Dept of EM

City

State

Zip Code

Staten Island

NY

10305-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer
Staten Island Univ Dept
of 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106114

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert David Argand

Mailing Address 1645 Adobe Dr

City

State

Zip Code

Pacifica

CA

94044-4048

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Robert David Argand

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C1126338

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas L Arnold, Jr

Mailing Address 7061 N Highfield Dr

City

State

Zip Code

Birmingham

AL

35242-7241

FEC ID number of contributing
federal political committee.

C

Name of Employer
Meadow Brook

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106126

Amount of Each Receipt this Period

500.00

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 11 / 206

(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)

Crystal Arthur

Mailing Address 906 Rowland Rd

City

Leonard

State

MI

Zip Code

48367-2212

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Ctr Emer Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C985726

Amount of Each Receipt this Period

250.00

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 ▼

416.65

Date of Receipt

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

Transaction ID: C961637

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 ▼

416.65

Date of Receipt

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

Transaction ID: C985727

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 12 / 206

(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 ▼

416.65

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1095766

Amount of Each Receipt this Period

83.33

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 ▼

900.00

Date of Receipt

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

Transaction ID: C955106

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 ▼

900.00

Date of Receipt

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

Transaction ID: C969825

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 13 / 206

(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 ▼

900.00

Date of Receipt

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

Transaction ID: C1106289

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brian Lee Barnes

Mailing Address 1276 Lambrusca Dr

City

Sparks

State

NV

Zip Code

89436-8124

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Marys Regl 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 7 / 1 6 / 2 0 1 0

Transaction ID: C953550

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: C962025

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 14 / 206

(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)

Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

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

Transaction ID: C985736

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105430

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Tamera Counts Barnes

Mailing Address 14541 Sarum Ter

City

Midlothian

State

VA

Zip Code

23113-6047

FEC ID number of contributing
federal political committee.

C

Name of Employer
Henrico Doctor's Hospital

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127973

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 15 / 206

(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 ▼

583.33

Date of Receipt

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

Transaction ID: C1106148

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Wayne S Barry

Mailing Address 397 Caddie Dr

City

Debary

State

FL

Zip Code

32713-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Pro

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: C1106184

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Wayne S Barry

Mailing Address 397 Caddie Dr

City

Debary

State

FL

Zip Code

32713-4514

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Pro

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

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

Transaction ID: C1106208

Amount of Each Receipt this Period

10.00

SUBTOTAL of Receipts This Page (optional)

343.33

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 16 / 206

(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)

Beverly H Bauman

Mailing Address PO Box 530818

City

Harlingen

State

TX

Zip Code

78553-0818

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley Emergency Physicia-
ns

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128165

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Thomas E Benzoni, DO, FACEP

Mailing Address 4343 Far Hills Rd

City

Sioux City

State

IA

Zip Code

51104-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
NW IA 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 Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127975

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Joseph Bergen

Mailing Address 133 Old Road To 9 Acre Cor
Emerson Hosp

City

Concord

State

MA

Zip Code

01742-4159

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 ▼

1250.00

Date of Receipt

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

Transaction ID: C1106209

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 17 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew I 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 ▼

933.34

Date of Receipt

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

Transaction ID: C962026

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: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.34

Date of Receipt

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

Transaction ID: C970185

Amount of Each Receipt this Period

100.00

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 ▼

933.34

Date of Receipt

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

Transaction ID: C985734

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 18 / 206

(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 ▼

933.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105431

Amount of Each Receipt this Period

83.37

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 ▼

933.34

Date of Receipt

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

Transaction ID: C1106267

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Omar R Billano

Mailing Address 2831 Shook Hill Cir

City

Birmingham

State

AL

Zip Code

35223-2618

FEC ID number of contributing
federal political committee.

C

Name of Employer
Shelby 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 9 / 1 0 / 2 0 1 0

Transaction ID: C985556

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

266.70

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 19 / 206

(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 D Bishop, MD, FACEP

Mailing Address 1155 W 3rd St
Unity Phys Grp PC

City State Zip Code
Bloomington IN 47404-5016

FEC ID number of contributing
federal political committee.

C

Name of Employer
Unity Phys Grp 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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127674

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Gregory J Bjerke

Mailing Address 2973 Peterson Pkwy N

City State Zip Code
Fargo ND 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 7 / 2 7 / 2 0 1 0

Transaction ID: C959489

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michelle Blanda

Mailing Address 525 E Market St
Summa Hlth Syst ED

City State Zip Code
Akron OH 44304-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Summa Health System 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 7 / 2 2 / 2 0 1 0

Transaction ID: C959317

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 20 / 206

(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)

Michelle Blanda

Mailing Address 525 E Market St
Summa Hlth Syst ED

City Akron State OH Zip Code 44304-1619

FEC ID number of contributing
federal political committee.**C**Name of Employer
Summa Health System 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	7	/	3	0	/	2	0	1	0

Transaction ID: C976589

Amount of Each Receipt this Period

250.00

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 HospsOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

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

Transaction ID: C962027

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 HospsOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

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

Transaction ID: C985735

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 21 / 206

(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)

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 ▼

833.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1105412

Amount of Each Receipt this Period

83.37

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 ▼

833.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	7		2	0	1	0

Transaction ID: C1127679

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Antonio Xavier Bonfiglio

Mailing Address 902 S Shady Hollow Cir

City

Bloomfld Hls

State

MI

Zip Code

48304-3773

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	9		2	6		2	0	1	0

Transaction ID: C1105775

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.70

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 22 / 206

(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)

Ashley E Booth, MD, FACEP

Mailing Address 655 W 8th St
Shands Jacksonville EducCity State Zip Code
Jacksonville FL 32209-6511FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of FLOccupation
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	7	/	3	0	/	2	0	1	0

Transaction ID: C962024

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Ashley E Booth, MD, FACEP

Mailing Address 655 W 8th St
Shands Jacksonville EducCity State Zip Code
Jacksonville FL 32209-6511FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of FLOccupation
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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106272

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Keith Thomas Borg

Mailing Address 145 Oyster Point Row

City State Zip Code
Charleston SC 29412-3632FEC ID number of contributing
federal political committee.**C**Name of Employer
Med Univ of SCOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID: C961644

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 23 / 206

(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 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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID: C985706

Amount of Each Receipt this Period

83.33

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1105413

Amount of Each Receipt this Period

83.37

C.

Full Name (Last, First, Middle Initial)

Nader Boulous

Mailing Address 3 Armstrong Ave

City

Wayne

State

NJ

Zip Code

07470-6301

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Josephs Redl Med

Occupation

Emergency Physician

Receipt For: 2010

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C967491

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 24 / 206

(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 Neville Bradley

Mailing Address 6431 Fannin St JLL450J

UT Health Science Center Dept of E

City State Zip Code

Houston TX 77030

FEC ID number of contributing
federal political committee.

C

Name of Employer
The UT Health Science Cen-
ter

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127983

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Russell Stuart Bradley

Mailing Address 2720 Aspen Cir

City State Zip Code

Salt Lake City UT 84109-1407

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 ▼

250.00

Date of Receipt

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

Transaction ID: C953536

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Charles A Bregier, Jr

Mailing Address 5546 Fallon Ct

City State Zip Code

Charlotte NC 28226-5629

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Urgent Care

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127861

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 25 / 206

(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)

Wallace Monroe Broadbent

Mailing Address 9887 Q Ave

City

Mattawan

State

MI

Zip Code

49071-9435

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kalamazoo Emer Assoc

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 9 / 2 4 / 2 0 1 0

Transaction ID: C1095733

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

A Compton Broders

Mailing Address 8198 Walnut Hill Ln
Emer Med Consultants

City

Dallas

State

TX

Zip Code

75231-4316

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Consultants

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127675

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Eric Lawrence Brown

Mailing Address 2086 N Medina Line Rd

City

Akron

State

OH

Zip Code

44333-1040

FEC ID number of contributing
federal political committee.

C

Name of Employer
Medina General 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 9 / 3 0 / 2 0 1 0

Transaction ID: C1126342

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 26 / 206

(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)

Sara Ann Brown, MD, FACEP

Mailing Address 16131 Fackler Rd

City

Monroeville

State

IN

Zip Code

46773-9541

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 ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128168

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Heather Crooks Bruner

Mailing Address 125 W Belvedere Rd

City

Norfolk

State

VA

Zip Code

23505-4722

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside 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 7 / 0 7 / 2 0 1 0

Transaction ID: C953465

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

George Richard Bruno

Mailing Address 1684 Ala Moana Blvd

City

Honolulu

State

HI

Zip Code

96815-1484

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEPA Inc

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 7 / 1 6 / 2 0 1 0

Transaction ID: C955110

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 27 / 206

(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)

Mablene Buggs

Mailing Address 2620 S 13th St

City

Saint Louis

State

MO

Zip Code

63118-1838

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Mablene Buggs

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 9 / 2 8 / 2 0 1 0

Transaction ID: C1126407

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

E Bradshaw Bunney

Mailing Address 808 S Wood St
Univ IL @ Chicago EM Dept

City

Chicago

State

IL

Zip Code

60612-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ IL @ Chicago EM Dept

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127918

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mary Kate Burke, MD, FACEP

Mailing Address 14 Birchwood Dr

City

Southborough

State

MA

Zip Code

01772-1646

FEC ID number of contributing
federal political committee.

C

Name of Employer
Orion 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106118

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 28 / 206

(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)

Linda Bruns Burns

Mailing Address 7620 William Penn Dr

City

Indianapolis

State

IN

Zip Code

46256-2200

FEC ID number of contributing
federal political committee.

C

Name of Employer
Community Hosp

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 9 / 2 3 / 2 0 1 0

Transaction ID: C987127

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Joseph M Bustamante, III

Mailing Address 1529 Lake Dr

City

Haslett

State

MI

Zip Code

48840-8478

FEC ID number of contributing
federal political committee.

C

Name of Employer
TCEP

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C953463

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jorge L Cambo

Mailing Address 1143 Raintree PI

City

Winter Park

State

FL

Zip Code

32789-2563

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1008.33

Date of Receipt

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

Transaction ID: C987055

Amount of Each Receipt this Period

8.33

SUBTOTAL of Receipts This Page (optional)

608.33

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 29 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory Cannon, MD, FACEP

Mailing Address 129 Loch Pointe Dr

City

Cary

State

NC

Zip Code

27518-8418

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 ▼

300.00

Date of Receipt

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

Transaction ID: C959082

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Stephen Carney

Mailing Address 111 N Sepulveda Blvd
EMA

City

Manhattan Bch

State

CA

Zip Code

90266-6849

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 ▼

250.00

Date of Receipt

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

Transaction ID: C985691

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Thomas E Carter

Mailing Address 1990 Chariot Way

City

Portsmouth

State

OH

Zip Code

45662-2486

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern OH Med Ctr

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	9	/	3	0	/	2	0	1	0

Transaction ID: C1105707

Amount of Each Receipt this Period

1000.00

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 30 / 206

(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)

Jason E Cheatham

Mailing Address 3311 Chateau Dr

City

Portsmouth

State

OH

Zip Code

45662-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Ohio Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C962022

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jason E Cheatham

Mailing Address 3311 Chateau Dr

City

Portsmouth

State

OH

Zip Code

45662-2476

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southern Ohio Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	1	0

Transaction ID: C1128206

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Steven Chin

Mailing Address 12401 Washington Blvd
Presbyterian Intercomm Hosp ED

City

Whittier

State

CA

Zip Code

90602-1006

FEC ID number of contributing
federal political committee.

C

Name of Employer
Presbyterian Intercomm Ho-
sp ED

Occupation

Emergency Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	1	7	/	2	0	1	0

Transaction ID: C970153

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 31 / 206

(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 E Christensen

Mailing Address 1911 Johnson Ave
French Hosp Med Ctr

City State Zip Code
Sn Luis Obisp CA 93401-4131

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 ▼

600.00

Date of Receipt

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

Transaction ID: C959505

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Paul E Christensen

Mailing Address 1911 Johnson Ave
French Hosp Med Ctr

City State Zip Code
Sn Luis Obisp CA 93401-4131

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 ▼

600.00

Date of Receipt

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

Transaction ID: C1095760

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 State Zip Code
Scottsdale AZ 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 ▼

458.33

Date of Receipt

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

Transaction ID: C962023

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

725.00

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 / 206

(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 ▼

458.33

Date of Receipt

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

Transaction ID: C1106152

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Theodore A A Christopher, MD, FACEP

Mailing Address Thos Jefferson Univ Hosp ED

1020 Samson St # 239 Thompson

City

Philadelphia

State

PA

Zip Code

19107-5002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jefferson 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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127845

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Carol L Clark

Mailing Address 3601 W 13 Mile Rd

William Beaumont Hosp ED

City

Royal Oak

State

MI

Zip Code

48073-6712

FEC ID number of contributing
federal political committee.

C

Name of Employer
William Beaumont 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 9 / 2 3 / 2 0 1 0

Transaction ID: C987123

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 33 / 206

(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 W Coffin

Mailing Address 1552 River Island Pkwy

City

Evans

State

GA

Zip Code

30809-4303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. David W Coffin

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953458

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Jason N Collins

Mailing Address 12500 Belcara PI

City

Austin

State

TX

Zip Code

78732-2363

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seton Highland Lakes

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1128204

Amount of Each Receipt this Period

250.00

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 ▼

250.00

Date of Receipt

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

Transaction ID: C1106133

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 34 / 206

(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)

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 ▼

1100.00

Date of Receipt

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

Transaction ID: C1105530

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Ronald V Cordova

Mailing Address 2700 Dolbeer St
St Josephs Hosp

City

Eureka

State

CA

Zip Code

95501-4736

FEC ID number of contributing
federal political committee.**C**Name of Employer
North Coast Emer Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	2	9	/	2	0	1	0

Transaction ID: C962045

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Melissa Wysong Costello

Mailing Address 3762 Oakwood Ln

City

Mobile

State

AL

Zip Code

36608-2009

FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of South AL 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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106228

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 35 / 206

(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 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	9		2	6		2	0	1	0

Transaction ID: C1106279

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William Colwell Dalsey

Mailing Address 945 Lenmar Dr

City

Blue Bell

State

PA

Zip Code

19422-2000

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	8		0	3		2	0	1	0

Transaction ID: C963730

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

William Colwell Dalsey

Mailing Address 945 Lenmar Dr

City

Blue Bell

State

PA

Zip Code

19422-2000

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	9		2	6		2	0	1	0

Transaction ID: C1106172

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 36 / 206

(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)

Gina Rae Dapra

Mailing Address 4775 Cougarcreek Trl

City

Reno

State

NV

Zip Code

89519-8034

FEC ID number of contributing
federal political committee.

C

Name of Employer
Northern Nevada Emergency

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953549

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Lee W Davidson

Mailing Address 2160 Onyx St

City

Eugene

State

OR

Zip Code

97403-1534

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cascade 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 7 / 1 6 / 2 0 1 0

Transaction ID: C953567

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Scott M Davis

Mailing Address 525 E Market St
Akron City Hosp ED

City

Akron

State

OH

Zip Code

44304-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron City 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 7 / 2 9 / 2 0 1 0

Transaction ID: C979156

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 37 / 206

(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)

Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brody Schl of Med @ ECU
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C953452

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Brian C Dawson

Mailing Address 359 Augusta Dr

City

Abingdon

State

VA

Zip Code

24211-3805

FEC ID number of contributing
federal political committee.

C

Name of Employer
Brody Schl of Med @ ECU
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C987126

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Mark L DeBard

Mailing Address 810 Bluffview Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Hosp E

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 7 / 3 0 / 2 0 1 0

Transaction ID: C976209

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 38 / 206

(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 L DeBard

Mailing Address 810 Bluffview Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Hosp E

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 9 / 0 2 / 2 0 1 0

Transaction ID: C985725

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Mark L DeBard

Mailing Address 810 Bluffview Drive

City

Columbus

State

OH

Zip Code

43235

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU Hosp E

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127850

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

H Scott Derstine

Mailing Address 510 W 4th St

City

Royal Oak

State

MI

Zip Code

48067-2402

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 ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128167

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 39 / 206

(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 ▼

725.00

Date of Receipt

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

Transaction ID: C985703

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Jeffrey D Dixon

Mailing Address 1389 E 27th St

City

Tulsa

State

OK

Zip Code

74114-4107

FEC ID number of contributing
federal political committee.

C

Name of Employer
GCEP 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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127977

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Krishna Prasad Doddi

Mailing Address 4015 Estabrook Dr

City

Annandale

State

VA

Zip Code

22003-2412

FEC ID number of contributing
federal political committee.

C

Name of Employer
INOVA Fairfax 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 9 / 3 0 / 2 0 1 0

Transaction ID: C1126350

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

475.00

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 / 206

(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 ▼

350.00

Date of Receipt

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

Transaction ID: C1106150

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Jennifer Dow

Mailing Address PO Box 1229

City

Girdwood

State

AK

Zip Code

99587-1229

FEC ID number of contributing
federal political committee.

C

Name of Employer
Alaska Regl 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1105950

Amount of Each Receipt this Period

1000.00

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 ▼

2600.00

Date of Receipt

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

Transaction ID: C1126422

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 41 / 206

(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)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Tappahannock Ho-
sp

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	9		2	6		2	0	1	0

Transaction ID: C1106255

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

James R Dudley

Mailing Address 618 Hospital Rd

Riverside Tappahannock Hosp

City

Tappahannock

State

VA

Zip Code

22560-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Riverside Tappahannock Ho-
sp

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	9		2	6		2	0	1	0

Transaction ID: C1106266

Amount of Each Receipt this Period

50.00

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 ▼

500.00

Date of Receipt

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

Transaction ID: C961648

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 42 / 206

(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 R Dziedzic, MD

Mailing Address 101 Boulanger Ave

City

West Hartford

State

CT

Zip Code

06110-1178

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE 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 9 / 2 3 / 2 0 1 0

Transaction ID: C987137

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Barbara Sarah Echo

Mailing Address 215 E Meadowlane Rd

City

Spokane

State

WA

Zip Code

99224-9213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Spokane Emergency Physi-
cians

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 7 / 0 8 / 2 0 1 0

Transaction ID: C959452

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Stephen K Epstein

Mailing Address 1 Deaconess Rd
Beth Israel Deaconess Med Ctr

City

Boston

State

MA

Zip Code

02215-5321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harvard Med Faculty 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106116

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 43 / 206

(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)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID: C961643

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID: C985707

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Clifford Erickson

Mailing Address 31 Forest Dr

City

Voorheesville

State

NY

Zip Code

12186-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Clifford Erickson

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1105432

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 44 / 206

(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 D Falco

Mailing Address 209 54th St

City

Kenosha

State

WI

Zip Code

53140-6501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity Hlthcare

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1128166

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Oliver Fannin, III

Mailing Address 807 Cedar Park Dr

City

West Lake Hls

State

TX

Zip Code

78746-4517

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Oliver Fannin, III

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C985498

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Heather Lynn Farley

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
Doctors Emer Svcs 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1105951

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1800.00

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 45 / 206

(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 Russell Farrell

Mailing Address 65510 Dailey Rd

City

Edwardsburg

State

MI

Zip Code

49112-9640

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C987106

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Joseph S Fastow

Mailing Address 3 Bethesda Metro Ctr
Ste 630

City

Bethesda

State

MD

Zip Code

20814-5330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Self

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127676

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 ▼

300.00

Date of Receipt

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

Transaction ID: C1105451

Amount of Each Receipt this Period

300.00

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 46 / 206

(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 Fijewski

Mailing Address 2509 Minton Dr

City

Coraopolis

State

PA

Zip Code

15108-9207

FEC ID number of contributing
federal political committee.

C

Name of Employer
Weirton Med Ctr

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106242

Amount of Each Receipt this Period

300.00

B.

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 ▼

500.00

Date of Receipt

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

Transaction ID: C985724

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C962021

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 47 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Angela Siler 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 ▼

1000.00

Date of Receipt

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

Transaction ID: C985733

Amount of Each Receipt this Period

100.00

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105416

Amount of Each Receipt this Period

100.00

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1106292

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 48 / 206

(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)

Robin Dean Fisher

Mailing Address 2124 Adobe Ave

City

Corona

State

CA

Zip Code

92882-5664

FEC ID number of contributing
federal political committee.

C

Name of Employer
Moreno Valley Comm 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 9 / 2 3 / 2 0 1 0

Transaction ID: C987112

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael T Fitch

Mailing Address 7213 Styers Crossing Lane

City

Clemmons

State

NC

Zip Code

27012

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wake Forest University He-
alth Sciences

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 8 / 0 2 / 2 0 1 0

Transaction ID: C962031

Amount of Each Receipt this Period

250.00

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 ▼

749.97

Date of Receipt

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

Transaction ID: C961647

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 49 / 206

(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

State

Zip Code

Tomball

TX

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 ▼

749.97

Date of Receipt

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

Transaction ID: C985701

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

State

Zip Code

Tomball

TX

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 ▼

749.97

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1095770

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

State

Zip Code

Tomball

TX

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 ▼

749.97

Date of Receipt

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

Transaction ID: C1106131

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 50 / 206

(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 ▼

908.35

Date of Receipt

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

Transaction ID: C962020

Amount of Each Receipt this Period

91.66

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 ▼

908.35

Date of Receipt

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

Transaction ID: C985732

Amount of Each Receipt this Period

91.66

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 ▼

908.35

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105415

Amount of Each Receipt this Period

91.74

SUBTOTAL of Receipts This Page (optional)

275.06

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 51 / 206

(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 ▼

908.35

Date of Receipt

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

Transaction ID: C1106146

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Judith FitzGerald

Mailing Address PO Box 3361

City

Kailua Kona

State

HI

Zip Code

96745-3361

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEPA 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 Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C953541

Amount of Each Receipt this Period

250.00

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 ▼

725.00

Date of Receipt

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

Transaction ID: C1106159

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

433.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 52 / 206

(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)

Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

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

Transaction ID: C962018

Amount of Each Receipt this Period

42.00

B.

Full Name (Last, First, Middle Initial)

Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

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

Transaction ID: C985731

Amount of Each Receipt this Period

42.00

C.

Full Name (Last, First, Middle Initial)

Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1095765

Amount of Each Receipt this Period

42.00

SUBTOTAL of Receipts This Page (optional)

126.00

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 53 / 206

(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)

Marsha D Ford

Mailing Address PO Box 32861

Carolinas Med Ctr ED

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

428.00

Date of Receipt

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

Transaction ID: C1106273

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Ronald C Forgey

Mailing Address 5231 Bubbling Well Ln

City

La Canada Flt

State

CA

Zip Code

91011-1617

FEC ID number of contributing
federal political committee.

C

Name of Employer
Memorial Medical Center
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C985642

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Steven J Fountain

Mailing Address 3137 Ady Rd

Upper Chesapeake Health

City

Street

State

MD

Zip Code

21154-1624

FEC ID number of contributing
federal political committee.

C

Name of Employer
Upper Chesapeake Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C953555

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 54 / 206

(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)

Michelle Fox

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
South Nassau 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 9 / 2 7 / 2 0 1 0

Transaction ID: C1128193

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Matt John Frankovsky

Mailing Address 4354 Ashton Dr

City

Sacramento

State

CA

Zip Code

95864-6147

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1096392

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Robert R Frantz

Mailing Address 12 Pebble Creek Rd

City

Norman

State

OK

Zip Code

73072-2822

FEC ID number of contributing
federal political committee.

C

Name of Employer
Morningstar Emerg Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C953332

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 55 / 206

(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 T Freeman

Mailing Address 36428 Oak Park Ave

City

Prairieville

State

LA

Zip Code

70769-3279

FEC ID number of contributing
federal political committee.

C

Name of Employer
Earl K Long 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106189

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Frommlet

Mailing Address 2168 SW Kings Ct

City

Portland

State

OR

Zip Code

97205-1118

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Hood Med Ctr 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1105858

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Gayle A Galan

Mailing Address 1742 Rock Hill Ln

City

Akron

State

OH

Zip Code

44313-8019

FEC ID number of contributing
federal political committee.

C

Name of Employer
Marietta Meml 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 7 / 1 4 / 2 0 1 0

Transaction ID: C950906

Amount of Each Receipt this Period

1000.00

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 56 / 206

(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)

Jeff G Gardner

Mailing Address 1294 N Ridgeway Dr

City

Cedar City

State

UT

Zip Code

84721-6025

FEC ID number of contributing
federal political committee.

C

Name of Employer
Valley View 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 9 / 1 4 / 2 0 1 0

Transaction ID: C985507

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Marianne Gausche-Hill

Mailing Address 1931 Power St

City

Hermosa Beach

State

CA

Zip Code

90254-2915

FEC ID number of contributing
federal political committee.

C

Name of Employer
Harbor UCLA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C985532

Amount of Each Receipt this Period

100.00

C.

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 ▼

2250.00

Date of Receipt

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

Transaction ID: C961646

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 57 / 206

(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 H Gersten

Mailing Address 999 Traci Ln

City

Copley

State

OH

Zip Code

44321-1467

FEC ID number of contributing
federal political committee.

C

Name of Employer
Stark Co 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 7 / 1 4 / 2 0 1 0

Transaction ID: C959179

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Michael James Gillogley

Mailing Address 6225 N Point Way

City

Sacramento

State

CA

Zip Code

95831-1063

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Genl Hosp ER

Occupation

Emergency Physician

Receipt For: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

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

Transaction ID: C968562

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Cai Glushak

Mailing Address 1432 W Catalpa Ave

City

Chicago

State

IL

Zip Code

60640-1212

FEC ID number of contributing
federal political committee.

C

Name of Employer
AXA Assistance USA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

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

Transaction ID: C1105554

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 58 / 206

(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)

Bernadette Boyd Gniadecki

Mailing Address 10424 Long Ave

City

Oak Lawn

State

IL

Zip Code

60453-4645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Bernadette Boyd Gniad-
eck

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	8	/	2	6	/	2	0	1	0

Transaction ID: C979248

Amount of Each Receipt this Period

100.00

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	9	/	3	0	/	2	0	1	0

Transaction ID: C1105706

Amount of Each Receipt this Period

250.00

C.

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 ▼

800.00

Date of Receipt

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

Transaction ID: C962015

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 59 / 206

(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 Pl

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 ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128170

Amount of Each Receipt this Period

100.00

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 ▼

833.34

Date of Receipt

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

Transaction ID: C962016

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 ▼

833.34

Date of Receipt

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

Transaction ID: C985729

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 60 / 206

(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)

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 ▼

833.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1105417

Amount of Each Receipt this Period

83.37

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 ▼

833.34

Date of Receipt

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

Transaction ID: C1106162

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Kelly Gray-Eurom, MD, FACEP

Mailing Address 4228 Fairway Dr

City

Jacksonville

State

FL

Zip Code

32210-6023

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of FL

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1105952

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1166.70

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 61 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrea L Green

Mailing Address 22428 Springflower Dr

City

Golden

State

CO

Zip Code

80401-8033

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Andrea L Green

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

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

Transaction ID: C1106226

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert D Greenberg

Mailing Address 2401 S 31st St
Scott & White

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C962017

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Robert D Greenberg

Mailing Address 2401 S 31st St
Scott & White

City

Temple

State

TX

Zip Code

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Emer Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1106294

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 62 / 206

(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)

Jeffrey T Greenwood

Mailing Address 13020 N Shore Rd

City

Ocean City

State

MD

Zip Code

21842-9730

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peninsula Reg Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C963736

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Leslie H Greenwood

Mailing Address 2868 Carriage Ln

City

Ogden

State

UT

Zip Code

84403-5487

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 ▼

250.00

Date of Receipt

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

Transaction ID: C954038

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gerald W Griebel

Mailing Address PO Box 278

City

Rico

State

CO

Zip Code

81332-0278

FEC ID number of contributing
federal political committee.

C

Name of Employer
SW 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	7	/	1	6	/	2	0	1	0

Transaction ID: C953532

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 63 / 206

(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)

Earl A Grubbs, MD, FACEP

Mailing Address 375 High Bridge Chase

City

Alpharetta

State

GA

Zip Code

30022-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Emer Phys

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 7 / 2 8 / 2 0 1 0

Transaction ID: C960172

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Earl A Grubbs, MD, FACEP

Mailing Address 375 High Bridge Chase

City

Alpharetta

State

GA

Zip Code

30022-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer
Paragon Emer Phys

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127864

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Michael G Guttenberg

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C962019

Amount of Each Receipt this Period

125.00

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 64 / 206

(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 G Guttenberg

Mailing Address 11 Glen Hill Ln

City

Tarrytown

State

NY

Zip Code

10591-5055

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Josephs Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

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

Transaction ID: C1106141

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)

Michael D Hagues

Mailing Address PO Box 7000
St Francis Hosp

City

Columbus

State

GA

Zip Code

31908-7000

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Spec of Columbus

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106122

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Rose M Haisler

Mailing Address 1905 W Gerald Dr

City

Peoria

State

IL

Zip Code

61615-1185

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSFMC Emerg Dept

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 8 / 0 2 / 2 0 1 0

Transaction ID: C963747

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

575.00

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 / 206

(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 James Hall

Mailing Address 1380 Woodhurst Dr

City

Rock Hill

State

SC

Zip Code

29732-2082

FEC ID number of contributing
federal political committee.

C

Name of Employer
Piedmont Emerg Medicine
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 7 / 1 6 / 2 0 1 0

Transaction ID: C953568

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Robert Arthur Hancock

Mailing Address 10118 Sundown Trl

City

N Royalton

State

OH

Zip Code

44133-6187

FEC ID number of contributing
federal political committee.

C

Name of Employer
Barberton Citizens 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 9 / 2 8 / 2 0 1 0

Transaction ID: C1105444

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel A Handel

Mailing Address 3181 SW Sam Jackson Park Rd

City

Portland

State

OR

Zip Code

97239-3011

FEC ID number of contributing
federal political committee.

C

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

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C961642

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 66 / 206

(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)

Russell H Harris

Mailing Address 5829 Wissahickon Ave

City

Philadelphia

State

PA

Zip Code

19144-4446

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1105453

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Anthony William Hartmann

Mailing Address 2 Wincot Ct

City

Hillsborough

State

NJ

Zip Code

08844-2213

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Medical Associa-
tes of New Je

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	9		2	6		2	0	1	0

Transaction ID: C1106191

Amount of Each Receipt this Period

900.00

C.

Full Name (Last, First, Middle Initial)

Stephen Carl Hartsell

Mailing Address 75 N Medical Dr
Univ of Utah ED

City

Salt Lake City

State

UT

Zip Code

84132-0005

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of Utah 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	9		2	6		2	0	1	0

Transaction ID: C1106180

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 67 / 206

(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 C Haselow

Mailing Address 7118 W Lafayette Pl

City

Mequon

State

WI

Zip Code

53092-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer
Infinity HealthCare 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1127978

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

William G Heegaard

Mailing Address 701 Park Ave
Hennepin County Med Ctr ED

City

Minneapolis

State

MN

Zip Code

55415-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hennepin County Med Ctr
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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106187

Amount of Each Receipt this Period

150.00

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 9 / 0 2 / 2 0 1 0

Transaction ID: C985721

Amount of Each Receipt this Period

250.00

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 68 / 206

(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)

Charles W Henrichs, III

Mailing Address 800 N Justice St

Margaret R Pardee Meml Hosp

City

Hendersonville

State

NC

Zip Code

28791-3410

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hendersonville Emer Consu-
ltant

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	9		0	2		2	0	1	0

Transaction ID: C985722

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Andrew T Herd

Mailing Address 11111 S 84th St

Midlands Hosp

City

Papillion

State

NE

Zip Code

68046-4122

FEC ID number of contributing
federal political committee.

C

Name of Employer
Midlands Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C985696

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Sanford H Herman

Mailing Address 424 Sandcastle Rd

City

Franklin

State

TN

Zip Code

37069-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gateway Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C979214

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 69 / 206

(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)

Sanford H Herman

Mailing Address 424 Sandcastle Rd

City

Franklin

State

TN

Zip Code

37069-7221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gateway Hlth Syst

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1106192

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

David A Hexter

Mailing Address 1405 Tayside Way

City

Bel Air

State

MD

Zip Code

21015-5620

FEC ID number of contributing
federal political committee.

C

Name of Employer
Social Security Admin

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127927

Amount of Each Receipt this Period

150.00

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 ▼

750.00

Date of Receipt

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

Transaction ID: C1106154

Amount of Each Receipt this Period

250.00

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 70 / 206

(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 ▼

1166.66

Date of Receipt

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

Transaction ID: C961636

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 ▼

1166.66

Date of Receipt

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

Transaction ID: C962028

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 ▼

1166.66

Date of Receipt

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

Transaction ID: C985720

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 71 / 206

(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)

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 ▼

1166.66

Date of Receipt

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

Transaction ID: C985730

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 ▼

1166.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1095767

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 ▼

1166.66

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1095768

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 72 / 206

(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)

Cherri D Hobgood

Mailing Address 6599 Gordonton Rd

City

Hurdle Mills

State

NC

Zip Code

27541-9215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosciences Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1106296

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

Cherri D Hobgood

Mailing Address 6599 Gordonton Rd

City

Hurdle Mills

State

NC

Zip Code

27541-9215

FEC ID number of contributing
federal political committee.

C

Name of Employer
Neurosciences Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128017

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Douglas James Hoey

Mailing Address 212 Tanglewood Dr

City

Holland

State

MI

Zip Code

49424-2332

FEC ID number of contributing
federal political committee.

C

Name of Employer
Holland Comm Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C976478

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

770.00

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 / 206

(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)

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 ▼

1250.00

Date of Receipt

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

Transaction ID: C1105450

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Steven R Horn

Mailing Address 5285 Laurelridge Ln

City

Cincinnati

State

OH

Zip Code

45247-7950

FEC ID number of contributing
federal political committee.

C

Name of Employer
McCullough Hyde Mem Hosp

Occupation

Emergency Physician

Receipt For: 2010

☐

Primary

☒

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C970047

Amount of Each Receipt this Period

100.00

C.

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 ▼

500.00

Date of Receipt

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

Transaction ID: C985723

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 74 / 206

(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)

Edwin Yi-chaio Hsu

Mailing Address 14740 SW 83rd Pl

City

Palmetto Bay

State

FL

Zip Code

33158-1975

FEC ID number of contributing
federal political committee.

C

Name of Employer
Edwin Yi-chaio Hsu, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C976577

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

S Marshal Isaacs

Mailing Address 3000 Blackburn St

City

Dallas

State

TX

Zip Code

75204-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkland Mem 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 8 / 1 7 / 2 0 1 0

Transaction ID: C985649

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

S Marshal Isaacs

Mailing Address 3000 Blackburn St

City

Dallas

State

TX

Zip Code

75204-2211

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkland Mem 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 9 / 1 0 / 2 0 1 0

Transaction ID: C985578

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 75 / 206

(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)

Karen Jiles

Mailing Address PO Box 4991

City

Charleston

State

WV

Zip Code

25364-4991

FEC ID number of contributing
federal political committee.

C

Name of Employer
Charleston Area Med Ctr
ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1106198

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David Peter John

Mailing Address 2100 Dorchester Ave
Caritas Carney Hosp Dept of EM

City

Boston

State

MA

Zip Code

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 ▼

1250.00

Date of Receipt

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

Transaction ID: C962013

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Frederick Johnson

Mailing Address 307 W Alamosa Dr

City

Chandler

State

AZ

Zip Code

85248-5303

FEC ID number of contributing
federal political committee.

C

Name of Employer
Casa Grande Regional 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 7 / 1 6 / 2 0 1 0

Transaction ID: C953565

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 76 / 206

(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)

Jason Paul Jones

Mailing Address 2897 Carmelo Dr

City

Henderson

State

NV

Zip Code

89052-4072

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of KY Chandler Med
Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C985688

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Nicholas John Jouriles

Mailing Address 398 Bentleyville Rd

City

Chagrin Falls

State

OH

Zip Code

44022-2433

FEC ID number of contributing
federal political committee.

C

Name of Employer
Akron Gen 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	7		0	6		2	0	1	0

Transaction ID: C953421

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Steven Joye

Mailing Address 23892 Marshall Way

City

Twain Harte

State

CA

Zip Code

95383-9799

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sonora Regl 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	9		1	4		2	0	1	0

Transaction ID: C985692

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 77 / 206

(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)

Neal A Kaforey

Mailing Address 3413 E Glencoe Rd

City

Richfield

State

OH

Zip Code

44286-1271

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Emerg

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 9 / 1 4 / 2 0 1 0

Transaction ID: C985694

Amount of Each Receipt this Period

500.00

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 ▼

433.36

Date of Receipt

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

Transaction ID: C1106145

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Christopher S Kang

Mailing Address 2184 Bobs Hollow Ln

City

Dupont

State

WA

Zip Code

98327-7747

FEC ID number of contributing
federal political committee.

C

Name of Employer
Madigan Army Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

833.33

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 78 / 206

(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 ▼

933.34

Date of Receipt

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

Transaction ID: C962014

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 ▼

933.34

Date of Receipt

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

Transaction ID: C985728

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 ▼

933.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	5	/	2	0	1	0

Transaction ID: C1105420

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 79 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jay A Kaplan

Mailing Address 300 Oak Ave

City

San Anselmo

State

CA

Zip Code

94960-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
CEP America

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

933.34

Date of Receipt

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

Transaction ID: C1106160

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Gary R Katz

Mailing Address 7918 Wisteria Ct

City

Dublin

State

OH

Zip Code

43016-8531

FEC ID number of contributing
federal political committee.

C

Name of Employer
OSU, 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 9 / 3 0 / 2 0 1 0

Transaction ID: C1105528

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Brian F Keaton

Mailing Address 164 Silver Valley Blvd

City

Munroe Falls

State

OH

Zip Code

44262-1084

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 ▼

300.00

Date of Receipt

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

Transaction ID: C1106104

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

633.33

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 80 / 206

(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 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 ▼

350.00

Date of Receipt

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

Transaction ID: C959474

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Stuart Gary Kessler

Mailing Address PO Box 71

City

Marlboro

State

NJ

Zip Code

07746-0071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Hosp Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 2 9 / 2 0 1 0

Transaction ID: C959762

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Stuart Gary Kessler

Mailing Address PO Box 71

City

Marlboro

State

NJ

Zip Code

07746-0071

FEC ID number of contributing
federal political committee.

C

Name of Employer
Elmhurst Hosp Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127923

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 81 / 206

(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)

James A King

Mailing Address 18730 Danforth Cv

City

San Antonio

State

TX

Zip Code

78258-4590

FEC ID number of contributing
federal political committee.

C

Name of Employer
59 EMDS/CC

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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106185

Amount of Each Receipt this Period

250.00

B.

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 ▼

1100.00

Date of Receipt

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

Transaction ID: C1106128

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

E L Klemmer

Mailing Address 4909 Kalaniana'ole Hwy

City

Honolulu

State

HI

Zip Code

96821-1570

FEC ID number of contributing
federal political committee.

C

Name of Employer
The Emergency Group

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	7	/	1	6	/	2	0	1	0

Transaction ID: C953527

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 82 / 206

(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)

Louis K Koussa

Mailing Address 900 S Auburn St
Kennewick Genl Hosp ED

City State Zip Code
Kennewick WA 99336-5621

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kennewick Emer Phys PS

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953533

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Terry Kowalenko

Mailing Address 4619 Oak Pointe Dr

City State Zip Code
Brighton MI 48116-7728

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI - Taubman Ctr

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.97

Date of Receipt

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

Transaction ID: C1106276

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Julio Rafael Lairet

Mailing Address 9619 French Stone

City State Zip Code
Helotes TX 78023-4585

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wilford Hall 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 9 / 3 0 / 2 0 1 0

Transaction ID: C1105670

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 83 / 206

(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 E Lally

Mailing Address 11020 W Amity Rd

City

Boise

State

ID

Zip Code

83709-5051

FEC ID number of contributing
federal political committee.

C

Name of Employer
Richard E Lally, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C959256

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Christopher Layton

Mailing Address 106 E Caramillo St

City

Colorado Spgs

State

CO

Zip Code

80907-7417

FEC ID number of contributing
federal political committee.

C

Name of Employer
Front Range Emer 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 9 / 2 3 / 2 0 1 0

Transaction ID: C987117

Amount of Each Receipt this Period

250.00

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 ▼

1500.00

Date of Receipt

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

Transaction ID: C961649

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 84 / 206

(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)

Darin J Lee

Mailing Address 1614 N 14th St

City

Boise

State

ID

Zip Code

83702-2601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Darin J Lee

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1128205

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

David C Lee, MD, FACEP

Mailing Address 300 Community Dr
North Shore Univ Hosp

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp Emer
Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C977719

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

David C Lee, MD, FACEP

Mailing Address 300 Community Dr
North Shore Univ Hosp

City

Manhasset

State

NY

Zip Code

11030-3816

FEC ID number of contributing
federal political committee.

C

Name of Employer
North Shore Univ Hosp Emer
Phys

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C985782

Amount of Each Receipt this Period

100.00

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 85 / 206

(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)

Marvin Leibovich

Mailing Address 10618 Zuber Rd

City

Alexander

State

AR

Zip Code

72002-9002

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of AR for Med Sci

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1127866

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

David M Lemonick

Mailing Address 215 Harrow Rd

City

Pittsburgh

State

PA

Zip Code

15238-2507

FEC ID number of contributing
federal political committee.

C

Name of Employer
Armstrong Cnty Meml Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1106229

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Jarrad Neil Lifshitz

Mailing Address 3737 Ashworth Dr

City

Cincinnati

State

OH

Zip Code

45208-1825

FEC ID number of contributing
federal political committee.

C

Name of Employer
Jarrad Neil Lifshitz, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C955114

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 86 / 206

(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)

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C961650

Amount of Each Receipt this Period

250.00

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

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

Transaction ID: C985700

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 ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C961555

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 87 / 206

(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 MacDonald

Mailing Address 150 Lowick Dr

City

Colorado Spgs

State

CO

Zip Code

80906-5941

FEC ID number of contributing
federal political committee.

C

Name of Employer
Parkview 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 9 / 2 8 / 2 0 1 0

Transaction ID: C1105445

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Sharon E Mace

Mailing Address 11961 Laurel Rd

City

Chesterland

State

OH

Zip Code

44026-1757

FEC ID number of contributing
federal political committee.

C

Name of Employer
Cleveland Clinic 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 9 / 1 4 / 2 0 1 0

Transaction ID: C985697

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas Roland Magill

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 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 9 / 2 8 / 2 0 1 0

Transaction ID: C1106303

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 88 / 206

(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 K Mallon

Mailing Address 1200 N State St
Gen Hosp

City State Zip Code
Los Angeles CA 90033-1029

FEC ID number of contributing
federal political committee.

C

Name of Employer
Gen 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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127921

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Oscar Marcilla

Mailing Address 35 William Pl

City State Zip Code
Glen Rock NJ 07452-3210

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 9 / 2 1 / 2 0 1 0

Transaction ID: C986891

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Heather Anne Marshall, MD, FACEP

Mailing Address 2418 N 31st St

City State Zip Code
Tacoma WA 98407-6402

FEC ID number of contributing
federal political committee.

C

Name of Employer
Tacoma Emer Care 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 9 / 2 3 / 2 0 1 0

Transaction ID: C987118

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 89 / 206

(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)

Ricardo Martinez

Mailing Address 2828 Cravey Dr NE

City

Atlanta

State

GA

Zip Code

30345-1420

FEC ID number of contributing
federal political committee.

C

Name of Employer
the schumacher group

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 9 / 2 9 / 2 0 1 0

Transaction ID: C1106306

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Matheson

Mailing Address 2201 Firerock Ave

City

Richland

State

WA

Zip Code

99352-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kadlec 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 7 / 1 3 / 2 0 1 0

Transaction ID: C959161

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

John Matheson

Mailing Address 2201 Firerock Ave

City

Richland

State

WA

Zip Code

99352-8912

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kadlec 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106239

Amount of Each Receipt this Period

900.00

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)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.33

Date of Receipt

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

Transaction ID: C961663

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.33

Date of Receipt

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

Transaction ID: C985737

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.33

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105421

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 91 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Angela F Mattke

Mailing Address 1080 Pebblebrook Rd SE

City

Mableton

State

GA

Zip Code

30126-5612

FEC ID number of contributing
federal political committee.

C

Name of Employer
EmergiNet/Summit Med Svcs

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

983.33

Date of Receipt

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

Transaction ID: C1106275

Amount of Each Receipt this Period

83.33

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128016

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

C L McArthur, III, MD, M

Mailing Address 11 Cardiff

City

Laguna Niguel

State

CA

Zip Code

92677-2936

FEC ID number of contributing
federal political committee.

C

Name of Employer
Desert Regl Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127677

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

583.33

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 92 / 206

(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)

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 ▼

350.00

Date of Receipt

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

Transaction ID: C953450

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Michael McCrea

Mailing Address 2017 Lexington Dr

City

Perrysburg

State

OH

Zip Code

43551-5449

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lucas County Emergency Ph-
ys

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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106195

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Dawna L McCulloch

Mailing Address 708 NE Ashmont PI

City

Lees Summit

State

MO

Zip Code

64064-1661

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dawna L McCulloch, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

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

Transaction ID: C954040

Amount of Each Receipt this Period

300.00

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 93 / 206

(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)

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953552

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Richard M McDowell

Mailing Address 75-816 Hiona St

City

Holualoa

State

HI

Zip Code

96725-8607

FEC ID number of contributing
federal political committee.

C

Name of Employer
Island Emer Med Svc

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127852

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Douglas L McGee

Mailing Address PO Box 174

City

Birchrunville

State

PA

Zip Code

19421-0174

FEC ID number of contributing
federal political committee.

C

Name of Employer
Albert Einstein Med Ctr/
PCOM

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106200

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 94 / 206

(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 ▼

1350.00

Date of Receipt

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

Transaction ID: C959181

Amount of Each Receipt this Period

100.00

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 ▼

1350.00

Date of Receipt

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

Transaction ID: C961662

Amount of Each Receipt this Period

250.00

C.

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 ▼

1350.00

Date of Receipt

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

Transaction ID: C1106281

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 95 / 206

(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 J McIntyre

Mailing Address 580 Lakeside Dr

City

Jenkins

State

KY

Zip Code

41537-9746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Webster Co Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C953540

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

William J McIntyre

Mailing Address 580 Lakeside Dr

City

Jenkins

State

KY

Zip Code

41537-9746

FEC ID number of contributing
federal political committee.

C

Name of Employer
Webster Co Mem Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C985500

Amount of Each Receipt this Period

100.00

C.

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 ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105440

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 96 / 206

(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)

Tad McReynolds

Mailing Address 3405 Cactus Wren Way

City

Austin

State

TX

Zip Code

78746-6636

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Tad McReynolds

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	9	/	2	4	/	2	0	1	0

Transaction ID: C1126451

Amount of Each Receipt this Period

250.00

B.

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	7	/	1	6	/	2	0	1	0

Transaction ID: C953534

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

William Joel Meggs

Mailing Address 103 Hidden Hills Dr

City

Greenville

State

NC

Zip Code

27858-8635

FEC ID number of contributing
federal political committee.

C

Name of Employer
E Carolina Univ

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

594.00

Date of Receipt

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

Transaction ID: C1106143

Amount of Each Receipt this Period

90.00

SUBTOTAL of Receipts This Page (optional)

590.00

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 / 206

(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)

Howard K Mell

Mailing Address 3 Cove Pointe Ct

City

Bloomington

State

IL

Zip Code

61704-1417

FEC ID number of contributing
federal political committee.

C

Name of Employer
MD EMS SYSTEMS LLC

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106100

Amount of Each Receipt this Period

500.00

B.

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 ▼

600.00

Date of Receipt

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

Transaction ID: C985719

Amount of Each Receipt this Period

250.00

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 ▼

1183.33

Date of Receipt

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

Transaction ID: C961661

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 98 / 206

(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 ▼

1183.33

Date of Receipt

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

Transaction ID: C1106135

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Scott H Meyer

Mailing Address 1401 SW 21st St

City

Boca Raton

State

FL

Zip Code

33486-6521

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coastal Emerg Svcs

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 7 / 3 0 / 2 0 1 0

Transaction ID: C961534

Amount of Each Receipt this Period

200.00

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 ▼

800.00

Date of Receipt

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

Transaction ID: C962009

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 99 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

David L 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 ▼

800.00

Date of Receipt

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

Transaction ID: C963731

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

David A Miranda

Mailing Address 5007 Gregory Pl

City

West Lake Hls

State

TX

Zip Code

78746-5508

FEC ID number of contributing
federal political committee.

C

Name of Employer
David A Miranda, MD, FACEP

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 9 / 2 3 / 2 0 1 0

Transaction ID: C1126454

Amount of Each Receipt this Period

100.00

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 ▼

400.00

Date of Receipt

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

Transaction ID: C959745

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 100 / 206

(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 ▼

400.00

Date of Receipt

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

Transaction ID: C979586

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

James C Mitchiner

Mailing Address 1265 Barrister Rd

City

Ann Arbor

State

MI

Zip Code

48105-2821

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Joseph Mercy 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1105916

Amount of Each Receipt this Period

1000.00

C.

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 ▼

1375.00

Date of Receipt

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

Transaction ID: C961660

Amount of Each Receipt this Period

125.00

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 101 / 206

(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)

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	9		2	6		2	0	1	0

Transaction ID: C1106151

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Harold Moores, III

Mailing Address 22499 200th Ave

City

Tustin

State

MI

Zip Code

49688-8121

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Harold Moores, III

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	7		0	4		2	0	1	0

Transaction ID: C953248

Amount of Each Receipt this Period

100.00

C.

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	9		2	7		2	0	1	0

Transaction ID: C1127863

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

1025.00

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 / 206

(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 B Mostofi, DO, FACEP

Mailing Address 46 Frothingham St

City

Milton

State

MA

Zip Code

02186-3317

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1106120

Amount of Each Receipt this Period

500.00

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 ▼

250.00

Date of Receipt

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

Transaction ID: C1106270

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Daniel G Murphy

Mailing Address 36 Huntington Rd

City

Garden City

State

NY

Zip Code

11530-3102

FEC ID number of contributing
federal political committee.

C

Name of Employer
Long Island Emer Care 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	9		3	0		2	0	1	0

Transaction ID: C1105531

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 103 / 206

(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 B Murray

Mailing Address 1 Sandy Way

City

Ayer

State

MA

Zip Code

01432-1590

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Scott B Murray

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 7 / 0 7 / 2 0 1 0

Transaction ID: C953448

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Christopher J Najberg

Mailing Address 4411 Carondelet St

City

New Orleans

State

LA

Zip Code

70115-4819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic Fndt

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953554

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Christopher J Najberg

Mailing Address 4411 Carondelet St

City

New Orleans

State

LA

Zip Code

70115-4819

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic Fndt

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 7 / 2 3 / 2 0 1 0

Transaction ID: C959714

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 104 / 206

(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 C Narunatvanich

Mailing Address 1721 North Sheffield Number 102

City

Chicago

State

IL

Zip Code

60614

FEC ID number of contributing
federal political committee.

C

Name of Employer
David C Narunatvanich, MD

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953573

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Richard N Nelson, MD, FACEP

Mailing Address 1654 Upham Dr
Room 146 Means Hall

City

Columbus

State

OH

Zip Code

43210-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Room 146 Means Hall

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105441

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard N Nelson, MD, FACEP

Mailing Address 1654 Upham Dr
Room 146 Means Hall

City

Columbus

State

OH

Zip Code

43210-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Room 146 Means Hall

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105442

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 105 / 206

(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 N Nelson, MD, FACEP

Mailing Address 1654 Upham Dr
Room 146 Means Hall

City State Zip Code
Columbus OH 43210-1250

FEC ID number of contributing
federal political committee.

C

Name of Employer
Room 146 Means Hall

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

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

Transaction ID: C1106260

Amount of Each Receipt this Period

20.00

B.

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C962011

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 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 ▼

1000.00

Date of Receipt

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

Transaction ID: C985745

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

220.00

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 106 / 206

(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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105423

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 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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1106155

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Jeffrey R Nickel, MD, FACEP

Mailing Address 2300 N Black Oak Dr

City State Zip Code
Angola IN 46703-8195

FEC ID number of contributing
federal political committee.

C

Name of Employer
Pro Emer Phys Inc

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

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

Transaction ID: C962012

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

283.33

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 107 / 206

(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 ▼

833.34

Date of Receipt

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

Transaction ID: C985746

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 ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1128014

Amount of Each Receipt this Period

83.37

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 ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128015

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 108 / 206

(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)

Craig Norquist, MD, FACEP

Mailing Address PO Box 2808
Scottsdale HospCity State Zip Code
Scottsdale AZ 85252-2808FEC ID number of contributing
federal political committee.**C**Name of Employer
Scottsdale Emer AssocOccupation
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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106121

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Andrew C Nothmann, MD, FACEP

Mailing Address 1879 Seville Dr

City State Zip Code
Napa CA 94559-4257FEC ID number of contributing
federal political committee.**C**Name of Employer
Napa Valley Emer Med GrpOccupation
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	9	/	2	3	/	2	0	1	0

Transaction ID: C987109

Amount of Each Receipt this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Robert E O'Connor

Mailing Address 515 Foxdale Ln

City State Zip Code
Charlottesville VA 22903-9201FEC ID number of contributing
federal political committee.**C**Name of Employer
Univ of VA Hlth Svc-Dept
of EMOccupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.33

Date of Receipt

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

Transaction ID: C962010

Amount of Each Receipt this Period

250.00

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 109 / 206

(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 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 ▼

833.33

Date of Receipt

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

Transaction ID: C1106153

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Kathleen T O'Donnell

Mailing Address 434 Euclid Ter NE

City

Atlanta

State

GA

Zip Code

30307-2042

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emory Univ Schl of Med

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C951087

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Mark Olivier

Mailing Address 2022 Bushville Hwy

City

Arnaudville

State

LA

Zip Code

70512-4104

FEC ID number of contributing
federal political committee.

C

Name of Employer
Opelousas Gen Health Syst-
em

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	9	/	2	7	/	2	0	1	0

Transaction ID: C1128161

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

633.33

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 110 / 206

(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 P Olivieri

Mailing Address 1 Musky Ridge Dr

City

Hackettstown

State

NJ

Zip Code

07840-1750

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hackettstown Cmnty 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 Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105434

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Jorge E Otero, MD

Mailing Address NE Emer Med Spec
245 E Rock Rd

City

New Haven

State

CT

Zip Code

06511-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID: C961641

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Jorge E Otero, MD

Mailing Address NE Emer Med Spec
245 E Rock Rd

City

New Haven

State

CT

Zip Code

06511-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Emer Med Spec

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

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

Transaction ID: C985709

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

291.66

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 111 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jorge E Otero, MD

Mailing Address NE Emer Med Spec
245 E Rock Rd

City State Zip Code
New Haven CT 06511-1230

FEC ID number of contributing
federal political committee.

C

Name of Employer
NE Emer Med Spec

Occupation
Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.01

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105425

Amount of Each Receipt this Period

83.37

B.

Full Name (Last, First, Middle Initial)

David T Overton, MD, FACEP

Mailing Address MSU/KCMS
1000 Oakland Dr

City State Zip Code
Kalamazoo MI 49008-1282

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSU/KCMS

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1105857

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Diane Paratore

Mailing Address 1737 Sheffield Rd

City State Zip Code
Birmingham MI 48009-7224

FEC ID number of contributing
federal political committee.

C

Name of Employer
Botsford 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 Y
0 7 / 3 0 / 2 0 1 0

Transaction ID: C962247

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1183.37

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 112 / 206

(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)

Sarah Jane Paris

Mailing Address 6 Alger St

City

Saratoga Spgs

State

NY

Zip Code

12866-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Albany Co PLLC

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	7	/	1	6	/	2	0	1	0

Transaction ID: C953570

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sarah Jane Paris

Mailing Address 6 Alger St

City

Saratoga Spgs

State

NY

Zip Code

12866-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of Albany Co PLLC

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	8	/	1	3	/	2	0	1	0

Transaction ID: C966552

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Rebecca B Parker

Mailing Address 5880 Highland Ln

City

Vlg Of Lakewd

State

IL

Zip Code

60014-4808

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Rebecca B Parker

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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106278

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 113 / 206

(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 ▼

850.00

Date of Receipt

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

Transaction ID: C985739

Amount of Each Receipt this Period

250.00

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 ▼

850.00

Date of Receipt

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

Transaction ID: C1106142

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael A Pawlowski

Mailing Address 3902 Woodhollow Ct

City State Zip Code
Sugar Land TX 77479-2839

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Michael A Pawlowski

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 9 / 3 0 / 2 0 1 0

Transaction ID: C1105633

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 114 / 206

(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 ▼

833.34

Date of Receipt

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

Transaction ID: C961657

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 ▼

833.34

Date of Receipt

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

Transaction ID: C985740

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 ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105426

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 115 / 206

(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 ▼

833.34

Date of Receipt

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

Transaction ID: C1106283

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Mark D Pearlmutter

Mailing Address 440 Boylston St

City

Brookline

State

MA

Zip Code

02445-6005

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Elizabeths 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106227

Amount of Each Receipt this Period

250.00

C.

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 ▼

833.34

Date of Receipt

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

Transaction ID: C961658

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 116 / 206

(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 ▼

833.34

Date of Receipt

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

Transaction ID: C985741

Amount of Each Receipt this Period

83.33

B.

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 ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105427

Amount of Each Receipt this Period

83.37

C.

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 ▼

833.34

Date of Receipt

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

Transaction ID: C1106156

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 117 / 206

(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)

Fernando J Perez

Mailing Address 14 Hibernia Rd

City

Savannah

State

GA

Zip Code

31411-1439

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Josephs Hospital Savan-
nah

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 9 / 2 3 / 2 0 1 0

Transaction ID: C987120

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Charles Allan Phillips, MD, FACEP

Mailing Address 6801 Trinity Landing Dr S

City

Fort Worth

State

TX

Zip Code

76132-3754

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 ▼

250.00

Date of Receipt

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

Transaction ID: C985687

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Wake Emer Phys, PAC

Mailing Address 543 Keisler Dr
Ste 202

City

Cary

State

NC

Zip Code

27518-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

FEC

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4000.00

Date of Receipt

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

Transaction ID: C1095736

Amount of Each Receipt this Period

4000.00

SUBTOTAL of Receipts This Page (optional)

4500.00

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 / 206

(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)

Gina Marie Piazza

Mailing Address 1401 S Joyce St

City

Arlington

State

VA

Zip Code

22202-1874

FEC ID number of contributing
federal political committee.

C

Name of Employer
Med Coll of Georgia

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	9		2	7		2	0	1	0

Transaction ID: C1128198

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Sandra Rose Picone

Mailing Address 100 Mount Grey Rd

City

Setauket

State

NY

Zip Code

11733-1653

FEC ID number of contributing
federal political committee.

C

Name of Employer
Good Samaritan Hosp 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	7		2	9		2	0	1	0

Transaction ID: C959761

Amount of Each Receipt this Period

250.00

C.

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	7		2	9		2	0	1	0

Transaction ID: C979157

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 119 / 206

(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 F Poirier, Jr

Mailing Address 18 S Kingshighway Blvd

City

Saint Louis

State

MO

Zip Code

63108-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
Washington Univ School 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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106218

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

S Scott Polsky

Mailing Address 174 Mariners Way

City

Moyock

State

NC

Zip Code

27958-9049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. S Scott Polsky

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	7	/	2	8	/	2	0	1	0

Transaction ID: C960183

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Paul R Pomeroy, Jr

Mailing Address 34069 Hathaway St

City

Livonia

State

MI

Zip Code

48150-5603

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Paul R Pomeroy, 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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106249

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 120 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ericka Powell

Mailing Address 40 Lane Rd

City

Derry

State

NH

Zip Code

03038-4194

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lancaster Regional Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.34

Date of Receipt

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

Transaction ID: C961659

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 ▼

833.34

Date of Receipt

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

Transaction ID: C985742

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 ▼

833.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1105429

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

250.03

TOTAL This Period (last page this line number only)

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

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for each category of the
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FOR LINE NUMBER: PAGE 121 / 206

(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 ▼

833.34

Date of Receipt

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

Transaction ID: C1106157

Amount of Each Receipt this Period

83.33

B.

Full Name (Last, First, Middle Initial)

Eva Prakash

Mailing Address 334 Gershwin Dr

City

Houston

State

TX

Zip Code

77079-7312

FEC ID number of contributing
federal political committee.

C

Name of Employer
GHEP

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

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

Transaction ID: C961656

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Louise A Prince, MD, FACEP

Mailing Address 750 E Adams St
SUNY Upstate Med Univ ED

City

Syracuse

State

NY

Zip Code

13210-2342

FEC ID number of contributing
federal political committee.

C

Name of Employer
Sunny Upstate Emer 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 9 / 3 0 / 2 0 1 0

Transaction ID: C1105710

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

633.33

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 / 206

(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)

Karen Agape Quaday

Mailing Address 640 Jackson St
Regions Hosp ED

City State Zip Code
Saint Paul MN 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 ▼

400.00

Date of Receipt

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

Transaction ID: C956233

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

John M Quinn

Mailing Address 13702 Keneva Dr

City State Zip Code
Cypress TX 77429-4870

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kingwood 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 9 / 1 3 / 2 0 1 0

Transaction ID: C985671

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Anines Quinones Quinones Rosado

Mailing Address 14656 Grand Cove Dr

City State Zip Code
Orlando FL 32837-8178

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 ▼

250.00

Date of Receipt

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

Transaction ID: C954042

Amount of Each Receipt this Period

250.00

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 123 / 206

(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)

Teresa M Rainone

Mailing Address 11 Tinker Bluff Ct

City

Setauket

State

NY

Zip Code

11733-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer
J T Mather 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 Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C955118

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Teresa M Rainone

Mailing Address 11 Tinker Bluff Ct

City

Setauket

State

NY

Zip Code

11733-4051

FEC ID number of contributing
federal political committee.

C

Name of Employer
J T Mather 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 Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: C985651

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Guhan Rammohan

Mailing Address 4785 Curly Horse Dr

City

Center Valley

State

PA

Zip Code

18034-8788

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Res / St Lukes
Hosp

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 Y
0 9 / 3 0 / 2 0 1 0

Transaction ID: C1126387

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 124 / 206

(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)

Patrick S Ramsey

Mailing Address 6398 Nesbitt Rd.

City

Madison

State

WI

Zip Code

53719-1896

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation

Information Requested

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1128224

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael Raso

Mailing Address 1115 N Bourland Ave

City

Peoria

State

IL

Zip Code

61606-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael Raso, MD

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 7 / 2 9 / 2 0 1 0

Transaction ID: C959763

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael Raso

Mailing Address 1115 N Bourland Ave

City

Peoria

State

IL

Zip Code

61606-1210

FEC ID number of contributing
federal political committee.

C

Name of Employer
Michael Raso, MD

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 8 / 1 6 / 2 0 1 0

Transaction ID: C985663

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 125 / 206

(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 Lynn Rea

Mailing Address 7618 Tanglecrest Dr

City

Dallas

State

TX

Zip Code

75254-8021

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Consultants Ltd

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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106253

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Frank Austin Redmond

Mailing Address 39 Leeward Cove Dr

City

Spring

State

TX

Zip Code

77381-3307

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 ▼

225.00

Date of Receipt

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

Transaction ID: C959494

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Michael Edward Richards

Mailing Address 1 Univ of NM
Dept of Emer Med MSC10 5560

City

Albuquerque

State

NM

Zip Code

87131-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dept of Emer Med MSC10 55-
60

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1128018

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 126 / 206

(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)

Lynne D Richardson

Mailing Address 284 W 114th St # 2A

City

New York

State

NY

Zip Code

10026-2804

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mt Sinai School of Medicine

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 9 / 2 3 / 2 0 1 0

Transaction ID: C987125

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gregory Conway Risk

Mailing Address 113 Arbon Ln

City

New Bern

State

NC

Zip Code

28562-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Craven Reg Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C955116

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory Conway Risk

Mailing Address 113 Arbon Ln

City

New Bern

State

NC

Zip Code

28562-8729

FEC ID number of contributing
federal political committee.

C

Name of Employer
Craven Reg Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 7 / 2 0 1 0

Transaction ID: C985650

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 127 / 206

(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)

Ralph James Riviello

Mailing Address 866 Ashburn Way

City

Swedesboro

State

NJ

Zip Code

08085-4018

FEC ID number of contributing
federal political committee.**C**Name of Employer
Drexel Univ Colg 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	9	/	2	6	/	2	0	1	0

Transaction ID: C1105448

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

Brian Jon Robb

Mailing Address 1435 Woodbury Ln

City

Liberty

State

MO

Zip Code

64068-1266

FEC ID number of contributing
federal political committee.**C**Name of Employer
Liberty 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	9	/	2	6	/	2	0	1	0

Transaction ID: C1106186

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Sam S Roberts, III

Mailing Address 6300 La Calma Dr
Emer Svc Partners LP

City

Austin

State

TX

Zip Code

78752-3825

FEC ID number of contributing
federal political committee.**C**Name of Employer
Emer Svc Partners LP

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C963727

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 128 / 206

(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 F Robinson

Mailing Address 948 Bayshore Dr

City

Tarpon Spgs

State

FL

Zip Code

34689-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer
EM/Urgent Care Inc

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	9		2	6		2	0	1	0

Transaction ID: C1106177

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 ▼

350.00

Date of Receipt

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

Transaction ID: C1106130

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Alan Roga, MD, FACEP

Mailing Address 10865 E Cochise Ave

City

Scottsdale

State

AZ

Zip Code

85259-4840

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	9		3	0		2	0	1	0

Transaction ID: C1105553

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 / 206

(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 A Rogers

Mailing Address 102 Craborchard PI

City

Chapel Hill

State

NC

Zip Code

27514-9553

FEC ID number of contributing
federal political committee.

C

Name of Employer
Durham Emer Phys PA

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 9 / 2 0 1 0

Transaction ID: C953655

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Fred Romano

Mailing Address 4516 Tuscana Dr

City

Sarasota

State

FL

Zip Code

34241-4201

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 ▼

500.00

Date of Receipt

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

Transaction ID: C953561

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Alexander Max Rosenau

Mailing Address PO Box 689
Lehigh Valley Hosp

City

Allentown

State

PA

Zip Code

18105-1556

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lehigh Valley Phys Grp

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 9 / 2 5 / 2 0 1 0

Transaction ID: C1105435

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 130 / 206

(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 S Rosenberg

Mailing Address 38 N Ridge Rd

City

Denville

State

NJ

Zip Code

07834-9629

FEC ID number of contributing
federal political committee.

C

Name of Employer
M and L Holdings

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 8 / 0 6 / 2 0 1 0

Transaction ID: C966340

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Mark S Rosenberg

Mailing Address 38 N Ridge Rd

City

Denville

State

NJ

Zip Code

07834-9629

FEC ID number of contributing
federal political committee.

C

Name of Employer
M and L Holdings

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127844

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

Bruce W Rosenthal

Mailing Address 156 W Hutchinson Ave

City

Pittsburgh

State

PA

Zip Code

15218-1322

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 ▼

250.00

Date of Receipt

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

Transaction ID: C959258

Amount of Each Receipt this Period

250.00

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 131 / 206

(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 Rosica

Mailing Address 10 Balmoral Ln

City

Scotch Plains

State

NJ

Zip Code

07076-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Clares 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	7	/	1	6	/	2	0	1	0

Transaction ID: C953559

Amount of Each Receipt this Period

500.00

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 ▼

750.00

Date of Receipt

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

Transaction ID: C1106149

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gary S Rudolph, MD, FACEP

Mailing Address 299 Bay Ave

City

Halesite

State

NY

Zip Code

11743-1136

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 ▼

500.00

Date of Receipt

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

Transaction ID: C1106199

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 132 / 206

(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)

Raymond Remo Rudoni

Mailing Address 401 S Ballenger Hwy
McLaren Regl Med Ctr

City	State	Zip Code
Flint	MI	48532-3638

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Specialists PCOccupation
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	9	/	2	6	/	2	0	1	0

Transaction ID: C1105948

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Sebastian A Rueckert

Mailing Address 170 Dielman Rd

City	State	Zip Code
Saint Louis	MO	63124-1705

FEC ID number of contributing
federal political committee.

C

Name of Employer
Christian 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	9	/	3	0	/	2	0	1	0

Transaction ID: C1105542

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Dino Peter Rumoro, DO, FACEP

Mailing Address 26 W 381 Glen Eagles Dr

City	State	Zip Code
Winfield	IL	60190-2313

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rush Univ Med CtrOccupation
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	9	/	2	7	/	2	0	1	0

Transaction ID: C1128021

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 133 / 206

(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)

Diane Sigrid Ruschke

Mailing Address 1733 E 6400 S

City

Salt Lake City

State

UT

Zip Code

84121-2010

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C985689

Amount of Each Receipt this Period

1000.00

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 ▼

772.00

Date of Receipt

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

Transaction ID: C958021

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 ▼

772.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 4 / 2 0 1 0

Transaction ID: C969965

Amount of Each Receipt this Period

84.00

SUBTOTAL of Receipts This Page (optional)

1168.00

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 / 206

(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 ▼

772.00

Date of Receipt

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

Transaction ID: C1106127

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Tracy G Sanson

Mailing Address 812 Lorena Rd

City

Lutz

State

FL

Zip Code

33548-4589

FEC ID number of contributing
federal political committee.

C

Name of Employer
TEAMHealth

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

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

Transaction ID: C1106244

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Thomas Sapp

Mailing Address 1397 Glen Ellyn Dr SE

City

Grand Rapids

State

MI

Zip Code

49546-3888

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emergency Care Specialists
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 9 / 2 8 / 2 0 1 0

Transaction ID: C1106302

Amount of Each Receipt this Period

200.00

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 135 / 206

(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 D Sarata

Mailing Address 6595 Peninsula Way

City

Laingsburg

State

MI

Zip Code

48848-9204

FEC ID number of contributing
federal political committee.

C

Name of Employer
MSU Sparrow Lansing

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 9 / 2 9 / 2 0 1 0

Transaction ID: C1106308

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

Steven P Sbardella

Mailing Address 258 Independence Rd

City

Concord

State

MA

Zip Code

01742-2645

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Steven P Sbardella

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1127907

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert W Schafermeyer

Mailing Address PO Box 32861
Carlinas Med Ctr

City

Charlotte

State

NC

Zip Code

28232-2861

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMC

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 7 / 1 6 / 2 0 1 0

Transaction ID: C953557

Amount of Each Receipt this Period

500.00

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 136 / 206

(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 M Schiavone

Mailing Address 31 Pagnotta Dr

City

Port Jeff Sta

State

NY

Zip Code

11776-4454

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUNY Stony Brook Dept EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1105631

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

David Herbert Schiff

Mailing Address 792 Rowland Blvd

City

Novato

State

CA

Zip Code

94947-4601

FEC ID number of contributing
federal political committee.

C

Name of Employer
Kaiser Permanente Medical
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 9 / 0 3 / 2 0 1 0

Transaction ID: C985665

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Nathaniel R Schlicher

Mailing Address 4615 77th Ave NW

City

Gig Harbor

State

WA

Zip Code

98335-6532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State Univ

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1105436

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 137 / 206

(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 P Schlueter, II

Mailing Address 16970 Timbers Edge Dr

City

Noblesville

State

IN

Zip Code

46062-7170

FEC ID number of contributing
federal political committee.

C

Name of Employer
David P Schlueter II, MD

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1106232

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

John Schnabel

Mailing Address 511 Broad Stream Ln

City

Davidsonville

State

MD

Zip Code

21035-2049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Virginia Hosp 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	8		2	5		2	0	1	0

Transaction ID: C985661

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Margaret Beth Schneider

Mailing Address 300 Overhill Dr

City

Redding

State

CA

Zip Code

96001-0300

FEC ID number of contributing
federal political committee.

C

Name of Employer
Enloe 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	9		1	4		2	0	1	0

Transaction ID: C985699

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 138 / 206

(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)

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: 2010

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C969989

Amount of Each Receipt this Period

1000.00

B.

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 ▼

2000.00

Date of Receipt

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

Transaction ID: C955111

Amount of Each Receipt this Period

1000.00

C.

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 ▼

750.00

Date of Receipt

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

Transaction ID: C961655

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
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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Geneiso Armando Armando Serri

Mailing Address Aultman Hosp
2600 6th St SW

City State Zip Code
Canton OH 44710-1702

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aultman 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 8 / 0 6 / 2 0 1 0

Transaction ID: C985620

Amount of Each Receipt this Period

100.00

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 06268-2756

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 ▼

833.34

Date of Receipt

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

Transaction ID: C961653

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 06268-2756

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 ▼

833.34

Date of Receipt

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

Transaction ID: C985743

Amount of Each Receipt this Period

83.37

SUBTOTAL of Receipts This Page (optional)

266.70

TOTAL This Period (last page this line number only)

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

FOR LINE NUMBER: PAGE 140 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Gregory 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 ▼

833.34

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	0

Transaction ID: C1095769

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 ▼

833.34

Date of Receipt

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

Transaction ID: C1106147

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Louis Sharp

Mailing Address 2211 W Farragut Ave

City

Chicago

State

IL

Zip Code

60625-1801

FEC ID number of contributing
federal political committee.

C

Name of Employer
Loyola Univ 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	9		1	4		2	0	1	0

Transaction ID: C985686

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jonathan E Siff

Mailing Address 2500 Metrohealth Dr
Metro Health Med Ctr ED

City Cleveland State OH Zip Code 44109-1900

FEC ID number of contributing
federal political committee.

C

Name of Employer
Metro Health Med Ctr ED

Occupation
Emergency Physician

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: C967490

Amount of Each Receipt this Period

600.00

B.

Full Name (Last, First, Middle Initial)

John Skienzielewski

Mailing Address 1325 Red Ln

City Danville State PA Zip Code 17821-8416

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger Med Ctr

Occupation
Emergency Physician

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

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: C1106196

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Kevin Teal Slaughter

Mailing Address 1930 Village Center Cir

City Las Vegas State NV Zip Code 89134-6245

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Kevin Teal Slaughter

Occupation
Emergency Physician

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

Aggregate Year-to-Date ▼
600.00

Date of Receipt

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

Transaction ID: C959230

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 142 / 206

(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)

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 ▼

900.00

Date of Receipt

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

Transaction ID: C961654

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 ▼

900.00

Date of Receipt

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

Transaction ID: C985744

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 ▼

900.00

Date of Receipt

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

Transaction ID: C1106138

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 143 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Virgil W Smaltz

Mailing Address 10 Saint Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C961634

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Virgil W Smaltz

Mailing Address 10 Saint Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C985705

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Virgil W Smaltz

Mailing Address 10 Saint Charles Ave

City

Wheeling

State

WV

Zip Code

26003-9382

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wheeling Hosp

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

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

Transaction ID: C1106166

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 144 / 206

(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 D Smith

Mailing Address 6970 Crystal Creek Dr

City

Brecksville

State

OH

Zip Code

44141-2174

FEC ID number of contributing
federal political committee.

C

Name of Employer
MetroHealth Med Ctr

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1105944

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Rodney W Smith

Mailing Address 150 Dhu Varren Rd

City

Ann Arbor

State

MI

Zip Code

48105-9688

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Phys 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	9		1	4		2	0	1	0

Transaction ID: C985676

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Sullivan K Smith

Mailing Address 1 Medical Center Blvd

City

Cookeville

State

TN

Zip Code

38501-4294

FEC ID number of contributing
federal political committee.

C

Name of Employer
VMG

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	9		2	6		2	0	1	0

Transaction ID: C1105447

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 145 / 206

(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 Jon Smolin

Mailing Address 3435 Pebble Ridge Dr

City

York

State

PA

Zip Code

17402-4349

FEC ID number of contributing
federal political committee.

C

Name of Employer
EMP of York County 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 Y
0 9 / 0 9 / 2 0 1 0

Transaction ID: C985673

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Amy Jill Snover

Mailing Address 100 Rhoads Hill Rd

City

Danville

State

PA

Zip Code

17821-9327

FEC ID number of contributing
federal political committee.

C

Name of Employer
Geisinger 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 Y
0 9 / 2 6 / 2 0 1 0

Transaction ID: C1106171

Amount of Each Receipt this Period

250.00

C.

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 ▼

750.00

Date of Receipt

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

Transaction ID: C961645

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 146 / 206

(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 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 ▼

977.85

Date of Receipt

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

Transaction ID: C976250

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 ▼

977.85

Date of Receipt

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

Transaction ID: C985738

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 ▼

977.85

Date of Receipt

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

Transaction ID: C1105438

Amount of Each Receipt this Period

144.55

SUBTOTAL of Receipts This Page (optional)

311.21

TOTAL This Period (last page this line number 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 / 206

(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 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 ▼

977.85

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1095771

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 ▼

977.85

Date of Receipt

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

Transaction ID: C1106134

Amount of Each Receipt this Period

83.33

C.

Full Name (Last, First, Middle Initial)

Brian Lee Springer

Mailing Address 3525 Southern Blvd
Wright State Univ Dept of EM

City

Dayton

State

OH

Zip Code

45429-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer
Wright State Univ 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106210

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

466.66

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 148 / 206

(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 Stangl

Mailing Address 1401 E Juniper Crest Ct

City

Andover

State

KS

Zip Code

67002-7969

FEC ID number of contributing
federal political committee.

C

Name of Employer
Via Christi Regl 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 7 / 2 7 / 2 0 1 0

Transaction ID: C959254

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Anthony Gregg Steele

Mailing Address 7668 St Lawrence Ct

City

Zionsville

State

IN

Zip Code

46077-8558

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Anthony Gregg Steele

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 9 / 2 7 / 2 0 1 0

Transaction ID: C1128012

Amount of Each Receipt this Period

200.00

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 ▼

250.00

Date of Receipt

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

Transaction ID: C1106183

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 149 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City

State

Zip Code

Temple

TX

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C946897

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Eric William Stern

Mailing Address 2401 S 31st St

TX A&M Scott & White Meml Hosp Eme

City

State

Zip Code

Temple

TX

76508-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
DES

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

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

Transaction ID: C961578

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Angela L Straface, MD, FACEP

Mailing Address 2104 Watercrest Ct

City

State

Zip Code

Keller

TX

76248-8340

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 ▼

1416.69

Date of Receipt

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

Transaction ID: C1106217

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 150 / 206

(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 F E Stuhlmiller

Mailing Address 100 Woods Rd

Westchester Med Ctr Emer Dept

City

Valhalla

State

NY

Zip Code

10595-1530

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1105963

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Peter James Stull

Mailing Address 3626 Lovejoy Ct NE

City

Olympia

State

WA

Zip Code

98506-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY

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	7		0	7		2	0	1	0

Transaction ID: C953466

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Peter James Stull

Mailing Address 3626 Lovejoy Ct NE

City

Olympia

State

WA

Zip Code

98506-9619

FEC ID number of contributing
federal political committee.

C

Name of Employer
US ARMY

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	7		2	8		2	0	1	0

Transaction ID: C959756

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 151 / 206

(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 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 ▼

900.00

Date of Receipt

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

Transaction ID: C1106102

Amount of Each Receipt this Period

650.00

B.

Full Name (Last, First, Middle Initial)

Christine Sullivan

Mailing Address 12408 Lamar Ave

City

Leawood

State

KS

Zip Code

66209-2703

FEC ID number of contributing
federal political committee.

C

Name of Employer
Truman 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106193

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Erik Thomas Sundell

Mailing Address 1314 7th St

City

New Orleans

State

LA

Zip Code

70115-3319

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ochsner Clinic

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 8 / 0 2 / 2 0 1 0

Transaction ID: C962745

Amount of Each Receipt this Period

100.00

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 152 / 206

(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)

Douglas Gilbert Sward

Mailing Address 4436 Prancing Deer Dr

City

Ellicott City

State

MD

Zip Code

21043

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Douglas Gilbert Sward

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 7 / 3 0 / 2 0 1 0

Transaction ID: C961638

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Gary William Tamkin

Mailing Address 4 Valley High

City

Lafayette

State

CA

Zip Code

94549-2418

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Med Ctr Merced, ED
Dir

Occupation

Emergency Physician

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 4 / 2 0 1 0

Transaction ID: C962452

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

James D Thompson

Mailing Address 200 Exempla Cir
Good Samaritan Med Ctr ED

City

Lafayette

State

CO

Zip Code

80026-3370

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Svc 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 9 / 2 6 / 2 0 1 0

Transaction ID: C1105953

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 153 / 206

(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)

Jaimie Tom

Mailing Address 3615 Kumu St

City

Honolulu

State

HI

Zip Code

96822-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jaimie Tom

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 7 / 0 9 / 2 0 1 0

Transaction ID: C959281

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Jaimie Tom

Mailing Address 3615 Kumu St

City

Honolulu

State

HI

Zip Code

96822-1145

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Jaimie Tom

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 8 / 1 7 / 2 0 1 0

Transaction ID: C985657

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Vicken Y Totten

Mailing Address 14500 S Park Blvd

City

Cleveland

State

OH

Zip Code

44120-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Hosp Case 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 8 / 2 5 / 2 0 1 0

Transaction ID: C985647

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 154 / 206

(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)

Vicken Y Totten

Mailing Address 14500 S Park Blvd

City

Cleveland

State

OH

Zip Code

44120-1330

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Hosp Case 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 9 / 1 4 / 2 0 1 0

Transaction ID: C985551

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

Larisa May Traill

Mailing Address 22844 Renford St

City

Novi

State

MI

Zip Code

48375-4529

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 ▼

300.00

Date of Receipt

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

Transaction ID: C1105628

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Brent Treichler

Mailing Address 325 Pecan Grove Rd

City

Ennis

State

TX

Zip Code

75119-8986

FEC ID number of contributing
federal political committee.

C

Name of Employer
UTSW 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 7 / 1 6 / 2 0 1 0

Transaction ID: C953563

Amount of Each Receipt this Period

500.00

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 155 / 206

(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 C Tripathi

Mailing Address 1313 Ozkan St

City

McLean

State

VA

Zip Code

22101-2724

FEC ID number of contributing
federal political committee.

C

Name of Employer
Best Practices Inc

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	9		2	8		2	0	1	0

Transaction ID: C1106304

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

Philip F F Troiano, III

Mailing Address 945 N 12th St
Aurora Sinai Hosp ED

City

Milwaukee

State

WI

Zip Code

53233-1305

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aurora Sinai Hosp 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	7		1	9		2	0	1	0

Transaction ID: C959097

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Michael A Turturro

Mailing Address 821 Ridgeview Dr

City

Pittsburgh

State

PA

Zip Code

15228-1707

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emerg Med Assoc of Pittsb-
urgh

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	9		2	6		2	0	1	0

Transaction ID: C1106119

Amount of Each Receipt this Period

350.00

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 156 / 206

(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 Adrian Tyndall, MD, FACEP

Mailing Address PO Box 10186

Univ of FL - Dept of EM

City

Gainesville

State

FL

Zip Code

32610-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of FL - Dept of EM

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C1106105

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Dennis T Uehara

Mailing Address 5092 Crofton Dr

City

Rockford

State

IL

Zip Code

61114-5422

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rockford Memorial Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C953539

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Bradley J Uren

Mailing Address 8115 Pettysville Rd

City

Pinckney

State

MI

Zip Code

48169-8281

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MI

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

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

Transaction ID: C1106194

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 157 / 206

(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 Duane Utkewicz

Mailing Address 41 Hansom Rd

City

Basking Ridge

State

NJ

Zip Code

07920-2974

FEC ID number of contributing
federal political committee.

C

Name of Employer
Emer Med Assoc

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C959255

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Philip C Van Dongen

Mailing Address 75 May Apple Ln

City

Martinsburg

State

WV

Zip Code

25403-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Philip C Van Dongen

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

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

Transaction ID: C987051

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Robert Thomas VanHook, MD, FACEP

Mailing Address 4009 Clipper Ln

City

Portsmouth

State

VA

Zip Code

23703-5302

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 ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1128209

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 158 / 206

(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)

Tracey Venning

Mailing Address 15903 Negaunee

City

Redford

State

MI

Zip Code

48239-3946

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. Tracey Venning

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 8 / 1 7 / 2 0 1 0

Transaction ID: C985660

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Peter Viccellio

Mailing Address 19 Valleywood Ct E

City

Saint James

State

NY

Zip Code

11780-1112

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ Hosp at Stony Brook
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 9 / 2 6 / 2 0 1 0

Transaction ID: C1106247

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Gregory A Volturo

Mailing Address 350 Ball Hill Rd

City

Princeton

State

MA

Zip Code

01541-1712

FEC ID number of contributing
federal political committee.

C

Name of Employer
Univ of MA Med Ctr ED

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 7 / 2 0 1 0

Transaction ID: C1127841

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 159 / 206

(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 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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1106139

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

Michael S Wahl

Mailing Address 222 S Riverside Plz
Illinois Poison Center

City

Chicago

State

IL

Zip Code

60606-6010

FEC ID number of contributing
federal political committee.

C

Name of Employer
Illinois Poison Center

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	9	/	2	7	/	2	0	1	0

Transaction ID: C1127982

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Carolyn Waldo

Mailing Address 5D Glendale Ln

City

Rapid City

State

SD

Zip Code

57702-4992

FEC ID number of contributing
federal political committee.

C

Name of Employer
Rapid City IHS 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	9	/	2	7	/	2	0	1	0

Transaction ID: C1128177

Amount of Each Receipt this Period

1000.00

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 160 / 206

(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 D Wapen

Mailing Address 969G Edgewater Blvd

City

State

Zip Code

Foster City

CA

94404-3775

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mills Peninsula Emer Med
Grp

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	9		1	7		2	0	1	0

Transaction ID: C987082

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

George Lawrence Ward

Mailing Address 17 Golf View Dr

City

State

Zip Code

Pass Chris

MS

39571-2045

FEC ID number of contributing
federal political committee.

C

Name of Employer
Dr. George Lawrence Ward

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	9		0	8		2	0	1	0

Transaction ID: C985605

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Nathan P Watkins

Mailing Address 8300 W 38th Ave
Lutheran Med Ctr

City

State

Zip Code

Wheat Ridge

CO

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 ▼

600.00

Date of Receipt

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

Transaction ID: C985704

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 161 / 206

(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 ▼

1000.00

Date of Receipt

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

Transaction ID: C961652

Amount of Each Receipt this Period

250.00

B.

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 ▼

1000.00

Date of Receipt

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

Transaction ID: C1106132

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Michael L Weaver

Mailing Address 4505 Headwood Dr

City

Kansas City

State

MO

Zip Code

64111-3439

FEC ID number of contributing
federal political committee.

C

Name of Employer
Hospital 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 Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: C953537

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 162 / 206

(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)

Deborah E Weber

Mailing Address 1420 Shawnee Trl

City

Riverwoods

State

IL

Zip Code

60015-1631

FEC ID number of contributing
federal political committee.

C

Name of Employer
Lutheran Gen Hosp ED

Occupation

Emergency Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

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

Transaction ID: C1106201

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Daniel R Wehner

Mailing Address 355 Bliss St

City

Johnstown

State

PA

Zip Code

15905-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Valley Memorial
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 8 / 0 6 / 2 0 1 0

Transaction ID: C964075

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel R Wehner

Mailing Address 355 Bliss St

City

Johnstown

State

PA

Zip Code

15905-2755

FEC ID number of contributing
federal political committee.

C

Name of Employer
Conemaugh Valley Memorial
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 9 / 3 0 / 2 0 1 0

Transaction ID: C1105591

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 163 / 206

(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)

Lori Weichenthal

Mailing Address 387 W Jordan Ave

City

Clovis

State

CA

Zip Code

93611-7182

FEC ID number of contributing
federal political committee.

C

Name of Employer
UCSF Fresno

Occupation

Emergency Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	7	/	2	0	1	0

Transaction ID: C1128162

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Joshua B Weil

Mailing Address 5791 De Soto Ct

City

Santa Rosa

State

CA

Zip Code

95409-7301

FEC ID number of contributing
federal political committee.

C

Name of Employer
Permanente Med Grp Kaiser
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	9	/	1	4	/	2	0	1	0

Transaction ID: C985693

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

Arlo F Weltge

Mailing Address 5213 Valerie St

City

Bellaire

State

TX

Zip Code

77401-4826

FEC ID number of contributing
federal political committee.

C

Name of Employer
UT Med School 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	7	/	0	1	/	2	0	1	0

Transaction ID: C945374

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 164 / 206

(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 Werdmann

Mailing Address 240 Porters Hill Rd

City

Monroe

State

CT

Zip Code

06468-2236

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bridgeport Hosp ED

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 9 / 2 5 / 2 0 1 0

Transaction ID: C1105439

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Richard A Wilson

Mailing Address 2522 Bluestone Bay Dr

City

New Lenox

State

IL

Zip Code

60451-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palos Cmnty 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 7 / 1 6 / 2 0 1 0

Transaction ID: C955112

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

Richard A Wilson

Mailing Address 2522 Bluestone Bay Dr

City

New Lenox

State

IL

Zip Code

60451-9201

FEC ID number of contributing
federal political committee.

C

Name of Employer
Palos Cmnty 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 8 / 1 8 / 2 0 1 0

Transaction ID: C979582

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

325.00

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 165 / 206

(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)

Curtice Wong

Mailing Address 2012 Highland Ave

City

Manhattan Bch

State

CA

Zip Code

90266-4562

FEC ID number of contributing
federal political committee.

C

Name of Employer
Torrance 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	7	/	3	0	/	2	0	1	0

Transaction ID: C961651

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

Deniese L Worthy

Mailing Address 11465 Hawthorne

City

Southgate

State

MI

Zip Code

48195-8515

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	9	/	3	0	/	2	0	1	0

Transaction ID: C1105529

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

Thomas E Wyatt, MD, FACEP

Mailing Address 3925 Drew Ave S

City

Minneapolis

State

MN

Zip Code

55410-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer
Mercy Hospital Emergency
Physicians

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	9	/	2	6	/	2	0	1	0

Transaction ID: C1128191

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1375.00

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 / 206

(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)

Clark Dayton York

Mailing Address 7055 N 23rd Way

City

Phoenix

State

AZ

Zip Code

85020-5619

FEC ID number of contributing
federal political committee.

C

Name of Employer
John C Lincoln Hosp Deer
Vly

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	9		0	1		2	0	1	0

Transaction ID: C979192

Amount of Each Receipt this Period

100.00

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 ▼

833.34

Date of Receipt

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

Transaction ID: C961640

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 ▼

833.34

Date of Receipt

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

Transaction ID: C985708

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 167 / 206

(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Andrew R 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 ▼

833.34

Date of Receipt

M M / D D / Y Y Y Y
0 9 / 2 5 / 2 0 1 0

Transaction ID: C1128199

Amount of Each Receipt this Period

83.37

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 ▼

833.34

Date of Receipt

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

Transaction ID: C1106140

Amount of Each Receipt this Period

83.33

SUBTOTAL of Receipts This Page (optional)

166.70

TOTAL This Period (last page this line number only)

153553.92

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

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

FOR LINE NUMBER: PAGE 168 / 206

(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 ▼

754.37

Date of Receipt

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

Transaction ID: C1128225

Amount of Each Receipt this Period

243.76

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 ▼

754.37

Date of Receipt

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

Transaction ID: C1128226

Amount of Each Receipt this Period

33.33

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 ▼

754.37

Date of Receipt

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

Transaction ID: C1128227

Amount of Each Receipt this Period

21.63

SUBTOTAL of Receipts This Page (optional)

298.72

TOTAL This Period (last page this line number only)

298.72

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 169 / 206

☐ 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)

21ST CENTURY MAJORITY FUND

Mailing Address 6065 Roswell Road #2274
BOX 2274

City Atlanta State GA Zip Code 30328

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D96245

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Adler For Congress

Mailing Address PO Box 1024

City Mount Laurel State NJ Zip Code 08054

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Mr. John Adler

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 03

Transaction ID: D101053

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

C.

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

State: District:

Transaction ID: D96399

Date of Disbursement

07 / 21 / 2010

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 170 / 206

<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 State Zip Code
Jenkintown PA 19046Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Allyson Y. Schwartz011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 13

Transaction ID: D101143

Date of Disbursement

M M / D D / Y Y Y Y
09 / 20 / 2010

Amount of Each Disbursement this Period

1500.00

B. Full Name (Last, First, Middle Initial)
Bera for Congress

Mailing Address PO Box 582496

City State Zip Code
Elk Grove CA 95758Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: CA District: 03

Transaction ID: D96257

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Bill Cassidy for US CongressMailing Address 8550 United Plaza Blvd
Suite 1001City State Zip Code
Baton Rouge LA 70809-2256Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Bill Cassidy011
Category/
TypeOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General
☐ Other (specify) ▼

State: LA District: 06

Transaction ID: D97304

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2010

Amount of Each Disbursement this Period

2000.00

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 171 / 206

<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) Bill Hardiman for Congress	Transaction ID: D96218 Date of Disbursement																				
Mailing Address PO Box 2066	<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>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Grand Rapids State MI Zip Code 49501-2066	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) BILL PAC	Transaction ID: D101146 Date of Disbursement																				
Mailing Address 228 S. Washington St. Ste. 115	<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>9</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	0		2	0	1	0												
City Alexandria State VA Zip Code 22314	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal PACs/Committees Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Steve Chabot for Congress	Transaction ID: D96210 Date of Disbursement																				
Mailing Address 3014 Harrison Ave. 3014 Harrison Ave.	<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>7</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	7		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	7		1	5		2	0	1	0												
City Cincinnati State OH Zip Code 45211	Amount of Each Disbursement this Period																				
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<table border="1"> <tr> <td colspan="10">2500.00</td> </tr> </table>	2500.00																			
2500.00																					
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
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

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

State: TX District: 20

Transaction ID: D97299

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

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

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

State: LA District: 07

Transaction ID: D96646

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Collins For Senator

Mailing Address PO Box 1096

City State Zip Code
Bangor ME 04402

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. Susan M. Collins

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2014 ☒ Primary ☐ General ☐ Other (specify) ▼

State: ME District: 00

Transaction ID: D96211

Date of Disbursement

07 / 15 / 2010

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)

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☐ 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)

Committee for the Preservation of Capitalism

Mailing Address PO Box 65314

City
Washington

State
DC

Zip Code
20035

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Annual contribution

Transaction ID: D101133

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Committee To Elect Chris Murphy

Mailing Address P.O. Box 127

City
Cheshire

State
CT

Zip Code
06410

Purpose of Disbursement
Contributions for federal candidates

Candidate Name
Rep. Christopher S. Murphy

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CT District: 05

Transaction ID: D96643

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Dan Coats for Indiana

Mailing Address 700 12th Street, NW
Suite 700

City
Washington

State
DC

Zip Code
20005

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: IN District:

Transaction ID: D100985

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

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:
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☐ 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)

Dan Coats for Indiana

Mailing Address 700 12th Street, NW
Suite 700

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

State: IN District:

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

Transaction ID: D100986

Date of Disbursement

09 / 15 / 2010

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

Diane Black for Congress

Mailing Address 819 Plantation Blvd

City Gallatin State TN Zip Code 37066-4497

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Diane Black

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 06

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

Transaction ID: D97301

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Diane Black for Congress

Mailing Address 819 Plantation Blvd

City Gallatin State TN Zip Code 37066-4497

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

Diane Black

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

State: TN District: 06

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

Transaction ID: D96239

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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)

Duncan for Congress

Mailing Address PO Box 732

City Clinton State SC Zip Code 29325

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: SC District: 03

Transaction ID: D96982

Date of Disbursement

08 / 18 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

ERIC PAC

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003-1107

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011
Category/
Type

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

Transaction ID: D97305

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

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: 2010 ☒ Primary ☐ General
☐ Other (specify) ▼
 State: District:

Transaction ID: D96395

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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☐ 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)

FREEDOM PROJECT; THE

Mailing Address 104 Hume Ave

City
Alexandria

State
VA

Zip Code
22301-1015

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Annual contribution

Transaction ID: D97294

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Friends Of Bennie Thompson

Mailing Address 236 Massachusetts Ave NE
Ste 603

City
Washington

State
DC

Zip Code
20002-4971

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Bennie G. Thompson

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MS District: 02

Transaction ID: D97289

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Cardoza For Congress

Mailing Address PO Box 2749

City
Merced

State
CA

Zip Code
95340

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Mr. Dennis Cardoza

011

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 18

Transaction ID: D97303

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

11500.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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<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 Dick Durbin Committee

Mailing Address PO Box 1949

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. Richard J. Durbin

011
Category/
Type

Office Sought: ☐ House ☒ Senate ☐ President
Disbursement For: 2014 ☒ Primary ☐ General
☐ Other (specify) ▼

State: IL District: 00

Transaction ID: D97297

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

B. Full Name (Last, First, Middle Initial)
Harry Teague for Congress

Mailing Address PO BOX 5153
PO BOX 5153

City HOBBS State NM Zip Code 88241

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: NM District: 02

Transaction ID: D96642

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
Harry Teague for Congress

Mailing Address PO BOX 5153
PO BOX 5153

City HOBBS State NM Zip Code 88241

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: NM District: 02

Transaction ID: D100988

Date of Disbursement

09 / 15 / 2010

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)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Hatch Election Committee

Mailing Address PO Box 1480

City
WashingtonState
DCZip Code
20013-1480Purpose of Disbursement
VOID CK 7364 06/23/10Candidate Name
Sen. Orrin G. HatchCategory/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify) ▼

State: UT District: 00

Transaction ID: D107821

Date of Disbursement

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

Amount of Each Disbursement this Period

-2500.00

VOID CK 7364 06/23/10

B.

Full Name (Last, First, Middle Initial)

Hoeven for Senate

Mailing Address PO Box 861

City
BismarckState
NDZip Code
58502Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: ND District:

Transaction ID: D96983

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Hoyer For Congress

Mailing Address 4201 Northview Dr, Ste 307

City
BowieState
MDZip Code
20716Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Steny H. Hoyer011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MD District: 05

Transaction ID: D96390

Date of Disbursement

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

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
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(check only one)

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☐ 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) John Carney for Congress	Transaction ID: D96985 Date of Disbursement
Mailing Address 426 C St NE	<div> <div>08</div> <div>18</div> <div>2010</div> </div>
City Washington State DC Zip Code 20002-5839	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<div>2500.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) John Carney for Congress	Transaction ID: D97288 Date of Disbursement
Mailing Address 426 C St NE	<div> <div>09</div> <div>08</div> <div>2010</div> </div>
City Washington State DC Zip Code 20002-5839	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<div>5000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) John D. Dingell For Congress Committee	Transaction ID: D97285 Date of Disbursement
Mailing Address PO Box 75214	<div> <div>09</div> <div>08</div> <div>2010</div> </div>
City Washington State DC Zip Code 20013	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for federal candidates Candidate Name Rep. John D. Dingell	<div>5000.00</div> <div>011 Category/ Type</div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 15 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

John S Fund

Mailing Address PO Box 853

City State Zip Code
Edwardsville IL 62025Purpose of Disbursement
Contributions for Federal PACs/CommitteesCandidate Name
John Shimkus011
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☐ General
☒ Other (specify) ▼

State: IL District:

Transaction ID: D101042

Date of Disbursement

09 / 16 / 2010

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 B9-585City State Zip Code
Newport Beach CA 92660Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: CA District: 33

Transaction ID: D96208

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

KEYSTONE PAC

Mailing Address PO BOX 29

City State Zip Code
UWCHLAND PA 19480Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

010
Category/
TypeOffice Sought: ☐ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☐ General
☒ Other (specify) ▼

State: District: Annual contribution

Transaction ID: D96236

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) Kuipers for Congress	Transaction ID: D96220 Date of Disbursement
Mailing Address PO Box 1241	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div>
City Holland State MI Zip Code 49422-1241	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name	<div> <div>2500.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kurt Schrader For Congress	Transaction ID: D96242 Date of Disbursement
Mailing Address 205 N Main St.	<div> <div>M M / D D / Y Y Y Y</div> <div>0 7 / 1 5 / 2 0 1 0</div> </div>
City Oregon City State OR Zip Code 97045	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Mr. Kurt Schrader	<div> <div>2500.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 05	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Lautenberg For Senate	Transaction ID: D100987 Date of Disbursement
Mailing Address Riverfront Plaza Station PO Box 200596	<div> <div>M M / D D / Y Y Y Y</div> <div>0 9 / 1 5 / 2 0 1 0</div> </div>
City Newark State NJ Zip Code 07102	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates Candidate Name Sen. Frank R. Lautenberg	<div> <div>2500.00</div> <div>011 Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

7500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Manchin for West Virginia

Mailing Address 426 C Street, NE

City
WashingtonState
DCZip Code
20002

Purpose of Disbursement

Contributions for Federal Candidates

Candidate Name

011

Category/
Type

Office Sought:

☐ House☒ Senate☐ President

State: WV

District:

Disbursement For:

2010

☐ Primary☐ General☒ Other (specify) ▼

Special

Transaction ID: D96981

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Martin Heinrich for Congress

Mailing Address 2118 CENTRAL AVENUE SE #71

City

ALBUQUERQUE

State
NMZip Code
87106

Purpose of Disbursement

Contributions for Federal Candidates

Candidate Name

011

Category/
Type

Office Sought:

☒ House☐ Senate☐ President

State: NM

District: 01

Disbursement For:

2010

☐ Primary☒ General☐ Other (specify) ▼

Transaction ID: D101138

Date of Disbursement

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

Amount of Each Disbursement this Period

4000.00

C.

Full Name (Last, First, Middle Initial)

NewDem PAC

Mailing Address 607 14th Street, NW
Suite 800

City

Washington

State
DCZip Code
20005

Purpose of Disbursement

Contributions for Federal PACs/Committees

Candidate Name

011

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

State:

District:

Disbursement For:

2010

☐ Primary☐ General☒ Other (specify) ▼

Transaction ID: D97295

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

14000.00

TOTAL This Period (last page this line number only)

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

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

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☐ 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 Stark Re-Election Committee

Mailing Address P.O. Box 8331

City State Zip Code
Fremont CA 94537

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Fortney Peter Stark

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

State: CA District: 13

Transaction ID: D96252

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

B. Full Name (Last, First, Middle Initial)
Raj Goyle for Congress

Mailing Address PO Box 780971

City State Zip Code
Wichita KS 67278

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name

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

State: District:

Transaction ID: D96233

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

011
Category/
Type

C. Full Name (Last, First, Middle Initial)
ANNA ESHOO FOR CONGRESS

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Contributions for federal candidates

Candidate Name
Rep. Anna G. Eshoo

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

State: CA District: 14

Transaction ID: D96977

Date of Disbursement

M M / D D / Y Y Y Y
08 / 18 / 2010

Amount of Each Disbursement this Period

5000.00

011
Category/
Type

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

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☐ 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)
MCCOLLUM FOR CONGRESS

Mailing Address P.O. Box 14131

City State Zip Code
St. Paul MN 55114

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Betty McCollum

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MN District: 04

Transaction ID: D101047

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City State Zip Code
Totowa NJ 07511

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Bill Pascrell, Jr.

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: NJ District: 08

Transaction ID: D96215

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)
BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City State Zip Code
Hollidaysburg PA 16648

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Bill Shuster

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 09

Transaction ID: D101051

Date of Disbursement

09 / 16 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

Use separate schedule(s)
for each category of the
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☐ 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)
BILL SHUSTER FOR CONGRESS

Mailing Address PO Box 27

City Hollidaysburg State PA Zip Code 16648

Purpose of Disbursement
VOID CK 7484 09/16/10

Candidate Name
Rep. Bill Shuster

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: PA District: 09

Transaction ID: D107819

Date of Disbursement

M M / D D / Y Y Y Y
09 / 23 / 2010

Amount of Each Disbursement this Period

-4000.00

VOID CK 7484 09/16/10

B. Full Name (Last, First, Middle Initial)
CITIZENS FOR RUSH

Mailing Address P. O. Box 7292
Ste 422

City CHICAGO State IL Zip Code 60680

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Bobby L. Rush

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 01

Transaction ID: D101046

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2010

Amount of Each Disbursement this Period

2500.00

C. Full Name (Last, First, Middle Initial)
DUTCH RUPPERSBERGER FOR CONGRESS

Mailing Address 22 West Padonia Road Suite C-141

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. C.A. Ruppertsberger

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: MD District: 02

Transaction ID: D97286

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2010

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

-500.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)
CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Cathy McMorris RodgersOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: WA District: 05

Transaction ID: D101045

Date of Disbursement

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

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Mailing Address 10537 St. Paul St.

City Kensington State MD Zip Code 20895

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Chris Van HollenOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: MD District: 08

Transaction ID: D101044

Date of Disbursement

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

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

Mailing Address 818 SW Third Ave., #1182

City Portland State OR Zip Code 97204

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. David WuOffice Sought: ☒ House ☐ Senate ☐ President
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼

State: OR District: 01

Transaction ID: D100989

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	5		2	0	1	0

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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 Page

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
EARL POMEROY FOR CONGRESS

Mailing Address P.O. Box 9336

City State Zip Code
 Fargo ND 58106

Purpose of Disbursement
 Contributions for Federal Candidates

Candidate Name
 Rep. Earl Pomeroy

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: ND District: 00

Transaction ID: D97290

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1500.00

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

Mailing Address 3440 Youngfield Street

City State Zip Code
 Wheat Ridge CO 80033

Purpose of Disbursement
 Contributions for Federal Candidates

Candidate Name
 Rep. Ed Perlmutter

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify) ▼
 State: CO District: 07

Transaction ID: D97300

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

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

Mailing Address 3440 Youngfield Street

City State Zip Code
 Wheat Ridge CO 80033

Purpose of Disbursement
 Contributions for Federal Candidates

Candidate Name
 Rep. Ed Perlmutter

011
 Category/
 Type

Office Sought: ☒ House ☐ Senate ☐ President
 Disbursement For: 2010 ☒ Primary ☐ General ☐ Other (specify) ▼
 State: CO District: 07

Transaction ID: D96649

Date of Disbursement

08 / 04 / 2010

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Eliot L. Engel011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: D96212

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

ENGEL FOR CONGRESS

Mailing Address 462 California Road

City State Zip Code
Bronxville NY 10708Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Eliot L. Engel011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 17

Transaction ID: D96213

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF ERIK PAULSEN

Mailing Address P.O. Box 44369

City State Zip Code
Eden Prairie MN 55344Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Erik Paulsen011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 03

Transaction ID: D97306

Date of Disbursement

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

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)

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

National Emergency Medicine Political Action Committee

2500.00

2500.00

5000.00

FEC Schedule B (Form 3X) (Revised 02/2003)

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

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

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☐ 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)

GEOFF DAVIS FOR CONGRESS

Mailing Address PO BOX 17192

City
FT MITCHELL

State
KY

Zip Code
41017

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Geoff Davis

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: KY District: 04

Transaction ID: D96394

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF GLENN NYE

Mailing Address 499 S Capitol St SW
Ste 404

City
Washington

State
DC

Zip Code
20003-4004

Purpose of Disbursement
Contributions for federal candidates

Candidate Name
Rep. Glenn C. Nye

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: VA District: 02

Transaction ID: D96256

Date of Disbursement

07 / 15 / 2010

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 Candidates

Candidate Name
Rep. James E. Clyburn

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: SC District: 06

Transaction ID: D96254

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

3000.00

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CITIZENS FOR ALTMIRE

Mailing Address P.O. Box 1776

City
FreedomState
PAZip Code
15042Purpose of Disbursement
Contributions for Federal candidatesCandidate Name
Rep. Jason Altmire

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

State: PA District: 04

Transaction ID: D96398

Date of Disbursement

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

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road

City
West ChesterState
OHZip Code
45069Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. John A. Boehner

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

State: OH District: 08

Transaction ID: D101043

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

JOHN CAMPBELL FOR CONGRESS

Mailing Address 4590 Macarthur Boulevard

City
Newport BeachState
CAZip Code
92660Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. John Campbell

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

State: CA District: 48

Transaction ID: D101041

Date of Disbursement

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

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

JOHN LEWIS FOR CONGRESS

Mailing Address P.O. BOX 2323

City
ATLANTAState
GAZip Code
30301Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
TypeCandidate Name
Rep. John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 05

Transaction ID: D96391

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

JOHN SULLIVAN FOR CONGRESS INC

Mailing Address Post Office Box 470840

City
TulsaState
OKZip Code
74147Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
TypeCandidate Name
Rep. John SullivanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: OK District: 01

Transaction ID: D96396

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

JUDY CHU FOR CONGRESS

Mailing Address 777 S FIGUEROA STREET SUITE 4050

City
LOS ANGELESState
CAZip Code
90017Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
TypeCandidate Name
Rep. Judy ChuOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 32

Transaction ID: D101139

Date of Disbursement

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

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

CASTOR FOR CONGRESS

Mailing Address 301 W. Platt Street #385

City
TampaState
FLZip Code
33606Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Kathy Castor011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: FL District: 11

Transaction ID: D101052

Date of Disbursement

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

Amount of Each Disbursement this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO Box 12667

City
BakersfieldState
CAZip Code
93389Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Kevin McCarthy011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 22

Transaction ID: D101048

Date of Disbursement

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

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF LOIS CAPPs

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

State: CA District: 23

Transaction ID: D101145

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

8000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial)
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

Candidate Name
Rep. Louise M. Slaughter

Office Sought: ☒ House
☐ Senate
☐ President

State: NY District: 28

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

Transaction ID: D96397

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address P.O. Box 750176

City Petaluma State CA Zip Code 94975

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Lynn Woolsey

Office Sought: ☒ House
☐ Senate
☐ President

State: CA District: 06

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

Transaction ID: D101142

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

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

Mailing Address PO Box 100

City Battle Creek State MI Zip Code 49016

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Mark H. Schauer

Office Sought: ☒ House
☐ Senate
☐ President

State: MI District: 07

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

Transaction ID: D97302

Date of Disbursement

09 / 08 / 2010

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)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) KIRK FOR Senate	Transaction ID: D96979 Date of Disbursement
Mailing Address PO Box 8	<div> <div>08</div> <div>18</div> <div>2010</div> </div>
City Winnetka State IL Zip Code 60093-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates	<div>3000.00</div>
Candidate Name Rep. Mark S. Kirk	<div>011</div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) KIRK FOR Senate	Transaction ID: D96980 Date of Disbursement
Mailing Address PO Box 8	<div> <div>08</div> <div>18</div> <div>2010</div> </div>
City Winnetka State IL Zip Code 60093-0008	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for federal candidates	<div>5000.00</div>
Candidate Name Rep. Mark S. Kirk	<div></div> Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special
C. Full Name (Last, First, Middle Initial) MIKE MCINTYRE FOR CONGRESS	Transaction ID: D96976 Date of Disbursement
Mailing Address P.O. Box 1	<div> <div>08</div> <div>18</div> <div>2010</div> </div>
City Lumberton State NC Zip Code 28359	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates	<div>5000.00</div>
Candidate Name Rep. Mike McIntyre	<div>011</div> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 07	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

13000.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

MIKE ROSS FOR CONGRESS COMMITTEE

Mailing Address PO Box 360

City
Prescott

State
AR

Zip Code
71857

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Mike Ross

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: AR District: 04

Transaction ID: D97298

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

WELCH FOR CONGRESS

Mailing Address PO BOX 1682

City
BURLINGTON

State
VT

Zip Code
05402

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Peter Welch

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: VT District: 00

Transaction ID: D96978

Date of Disbursement

08 / 18 / 2010

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF PHIL HARE

Mailing Address 499 South Capitol Street, SW
Suite 412

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Phil Hare

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: IL District: 17

Transaction ID: D101049

Date of Disbursement

09 / 16 / 2010

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 PageFOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. 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: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WA District: 02

Transaction ID: D96244

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

B. BOB BRADY FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 12518 Chilton Road
6B23City
PhiladelphiaState
PAZip Code
19154Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Robert A. Brady011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: PA District: 01

Transaction ID: D101136

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

C. KLEIN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 21301 POWERLINE ROAD SUITE 204

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

State: FL District: 22

Transaction ID: D101140

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

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

State: FL District: 22

Transaction ID: D96647

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

KLEIN FOR CONGRESS

Mailing Address 21301 POWERLINE ROAD SUITE 204

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

State: FL District: 22

Transaction ID: D96648

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS OF ROY BLUNT

Mailing Address 209 Pennsylvania Ave SE

City
WashingtonState
DCZip Code
20003-1107Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Roy Blunt011
Category/
TypeOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District:

Transaction ID: D96228

Date of Disbursement

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

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

9000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A. Full Name (Last, First, Middle Initial) FRIENDS OF FARR	Transaction ID: D101135 Date of Disbursement
Mailing Address 555 Capitol Mall, Suite 1425 c/o Jennifer Frost	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Sacramento State CA Zip Code 95814	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="1000.00"/>
Candidate Name Rep. Sam Farr	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 17	
B. Full Name (Last, First, Middle Initial) GRAVES FOR CONGRESS	Transaction ID: D97291 Date of Disbursement
Mailing Address 2345 Grand, Suite 2400	<input type="text" value="0"/> <input type="text" value="9"/> / <input type="text" value="0"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Kansas City State MO Zip Code 64108	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="3000.00"/>
Candidate Name Rep. Sam Graves	<input type="text" value="011"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 06	
C. Full Name (Last, First, Middle Initial) LEVIN FOR CONGRESS	Transaction ID: D96393 Date of Disbursement
Mailing Address PO Box 37	<input type="text" value="0"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City Roseville State MI Zip Code 48066	Amount of Each Disbursement this Period
Purpose of Disbursement Contributions for Federal Candidates	<input type="text" value="2000.00"/>
Candidate Name Rep. Sander M. Levin	<input type="text"/> Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 12	

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

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

**A. Full Name (Last, First, Middle Initial)
SHELLEY MOORE CAPITO FOR CONGRESS**

Mailing Address P.O. Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Shelley Moore Capito011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: WV District: 02

Transaction ID: D97292

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2010

Amount of Each Disbursement this Period

5000.00

**B. Full Name (Last, First, Middle Initial)
STEPHANIE HERSETH SANDLIN FOR SOUTH DAKOTA**

Mailing Address PO Box 2009

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
Contributions for Federal candidatesCandidate Name
Rep. Stephanie Herseith Sandlin011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: SD District: 00

Transaction ID: D96253

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2010

Amount of Each Disbursement this Period

2500.00

**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 CandidatesCandidate Name
Rep. Sue Myrick011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ President
Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 09

Transaction ID: D97284

Date of Disbursement

M M / D D / Y Y Y Y
09 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

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

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

TAMMY BALDWIN FOR CONGRESS

Mailing Address P.O. Box 696

City
MadisonState
WIZip Code
53701Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Tammy Baldwin011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: D96650

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	0

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

TAMMY BALDWIN FOR CONGRESS

Mailing Address P.O. Box 696

City
MadisonState
WIZip Code
53701Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Tammy Baldwin011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 02

Transaction ID: D96255

Date of Disbursement

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

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

TIM BISHOP FOR CONGRESS

Mailing Address PO Box 437

City
FarmingvilleState
NYZip Code
11738Purpose of Disbursement
Contributions for Federal CandidatesCandidate Name
Rep. Timothy H. Bishop011
Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 01

Transaction ID: D101050

Date of Disbursement

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

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

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(check only one)

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

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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

BECERRA FOR CONGRESS

Mailing Address P.O. Box 261060

City
Los Angeles

State
CA

Zip Code
90026

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Xavier Becerra

Office Sought: ☒ House
☐ Senate
☐ President

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

State: CA District: 31

Transaction ID: D101141

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Rob Portman for US Senate

Mailing Address 900 19th Street, NW
8th Floor

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☒ Senate
☐ President

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

State: OH District:

Transaction ID: D96392

Date of Disbursement

07 / 21 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement
Contributions for Federal Candidates

011

Category/
Type

Candidate Name
Rep. Paul Ryan

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 01

Transaction ID: D96250

Date of Disbursement

07 / 15 / 2010

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
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NAME OF COMMITTEE (In Full)

National Emergency Medicine Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Ryan For Congress

Mailing Address P. O. Box 1919

City
Janesville

State
WI

Zip Code
53547

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Rep. Paul Ryan

011
Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

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

State: WI District: 01

Transaction ID: D96251

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

SECURE PAC

Mailing Address 236 Massachusetts Ave., NE
Suite 603

City
Washington

State
DC

Zip Code
20002

Purpose of Disbursement
Contributions for Federal PACs/Committees

Candidate Name

011
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D101137

Date of Disbursement

09 / 20 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

FRIENDS FOR HARRY REID

Mailing Address P.O. BOX 19163

City
LAS VEGAS

State
NV

Zip Code
89132

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. Harry Reid

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: NV District: 00

Transaction ID: D97287

Date of Disbursement

09 / 08 / 2010

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)
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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 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

Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

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

State: WY District: 00

Transaction ID: D101040

Date of Disbursement

M M / D D / Y Y Y Y
09 / 16 / 2010

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

TEXANS FOR SENATOR JOHN CORNYN INC

Mailing Address PO BOX 13026

City
AUSTIN

State
TX

Zip Code
78711

Purpose of Disbursement
Contributions for Federal Candidates

Candidate Name
Sen. John Cornyn

011
Category/
Type

Office Sought: ☐ House
☒ Senate
☐ President

Disbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TX District: 00

Transaction ID: D101144

Date of Disbursement

M M / D D / Y Y Y Y
09 / 20 / 2010

Amount of Each Disbursement this Period

1000.00

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

State: MT District: 00

Transaction ID: D96247

Date of Disbursement

M M / D D / Y Y Y Y
07 / 15 / 2010

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)
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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

011

Category/
Type

Candidate Name
Mr. Steve Stivers

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 15

Transaction ID: D97296

Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

B.

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

011

Category/
Type

Candidate Name
Rep. Patrick J. Tiberi

Office Sought: ☒ House
☐ Senate
☐ President

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

State: OH District: 12

Transaction ID: D96260

Date of Disbursement

07 / 15 / 2010

Amount of Each Disbursement this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

WE THE PEOPLE PAC

Mailing Address P.O. Box 2232

City
Jenkintown

State
PA

Zip Code
19046

Purpose of Disbursement
Contributions for Federal PACs/committees

011

Category/
Type

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D96645

Date of Disbursement

08 / 04 / 2010

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

291000.00

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

Use separate schedule(s)
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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 July 10

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D108064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

772.74

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 August 10

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D108065

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1033.46

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 September 10

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Transaction ID: D108066

Date of Disbursement

/ /

Amount of Each Disbursement this Period

216.22

SUBTOTAL of Disbursements This Page (optional)

2022.42

TOTAL This Period (last page this line number only)

2022.42